Homelessness — Causes & Effects

A Profile, Policy Review and Analysis of Homelessness in British Columbia

BRITISH COLUMBIA

April 2001

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Volume 2

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Executive Summary

Introduction

This report:

- profiles the homeless population in British Columbia, focusing on trends and characteristics.
- analyses similarities or differences in the nature and magnitude of the homeless population in British Columbia compared to Ontario, Quebec and Alberta.
- analyses key public policies, programs or other factors, which may explain these differences or similarities.
- summarizes the most critical policy issues facing British Columbia with respect to homelessness.

This report forms Volume 2 of a larger study on homelessness in British Columbia. Volume 1 is entitled *"The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature."* Volume 3 is entitled *"The Costs of Homelessness in British Columbia."* It estimates the cost of homelessness to the health care, social services and criminal justice system. Volume 4 is the Background Report containing a profile of homelessness and an overview of relevant policies for Ontario, Quebec and Alberta.

Summary and Policy Issues Facing British Columbia

In British Columbia, while there are indications that homelessness is on the rise, it is not occurring to the same extent as in other Canadian jurisdictions. This is due to a combination of economic factors and preventive government policies, particularly housing policy. The provincial government policy of building new permanent affordable housing, particularly supportive housing, is a sound one. This review has shown that, in combination with certain economic conditions, provinces, such as British Columbia and Quebec, that have addressed homelessness are better off than those that have not, such as Ontario and Alberta.

This report has identified several specific provincial government policies and programs that have helped to minimize the growth of homelessness in British Columbia. These are highlighted below:

- increasing the supply of new affordable housing through HOMES BC;
- targeting homeless individuals and those at risk of homelessness in new housing programs;
- preserving existing housing, particularly SROs, through purchasing and rehabilitating them;

- enacting enabling legislation to permit the City of Vancouver to protect existing SRO housing from demolition and conversion;[1]
- implementing a system of supportive housing for persons with a mental illness;
- providing security deposits through BC Benefits;
- maintaining benefit levels for families and persons with disabilities who meet BC Benefits eligibility requirements; and
- targeting programs and resources for youth age 16 to 18 years.

In addition to the positive measures in British Columbia that are helping to address homelessness, this study revealed a number of outstanding issues that need to be addressed. In general, the scale or magnitude of existing responses is not sufficient to meet housing needs. More housing units of all kinds are needed. British Columbia also remains challenged to provide adequate and affordable housing, and support services for those individuals who need the most support to obtain and maintain housing. This includes individuals with a mental illness or a combination of serious health and other concerns, and particularly those with addictions. Addressing these issues affecting low-income households would strengthen the provincial government's response to homelessness.

Lack of Affordable Housing

- An insufficient supply of affordable housing is the key factor contributing to homelessness in British Columbia. While existing housing policies and programs are exemplary compared to some other provinces, the supply remains insufficient.
- The existing stock of affordable housing is a valuable resource. However, this stock, particularly SROs, continues to be vulnerable to demolition and conversion despite some positive provincial and local government actions to preserve it.
- BC Housing's waiting list for social housing consists of approximately 10,500 individuals, an increase of 50 per cent since the federal withdrawal from new housing supply. (This does not include those on non-profit and co-op housing waiting lists.) HOMES BC unit allocations, while a step in the right direction, are insufficient to fill the gap left by the federal government. New stock continues to be essential, particularly with a focus on those who are homeless and at risk of homelessness. Rent subsidies do not address the issue of supply.
- The supply of supportive housing is not adequate. For example, the Vancouver Richmond Health Board/Vancouver Community Mental Health Services (formerly Greater Vancouver Mental Health Services

[1] As of June 2000, the City has not enacted such a bylaw.

Society) maintains a waiting list of 2,600 individuals who are mentally ill who must wait an average of four years for supportive housing.

Inadequate Incomes

- Fewer shelter clients in the Lower Mainland cite BC Benefits as their major source of income in 1999 compared to those who received assistance in 1991. The shelter snapshot found that the proportion of youth (ages 16 to 24) with no reported source of income, was higher than for the total shelter population.
- The shelter component of BC Benefits is inadequate compared to average market rents, particularly in major British Columbia centres. Single persons in receipt of BC Benefits find that rent is 167 per cent of the shelter component, while a single parent with two children would have to pay 122 per cent of the shelter component to rent.
- Ministry-funded beds are intended for BC Benefits program participants, who have first priority.

Lack of Support Services

- The number of shelter clients with a mental illness and/or addictions is growing as evidenced by increasing turnaways at two Vancouver area shelters that serve high risk populations. There has been an 88 per cent increase in specialized shelter capacity for people with a mental illness in British Columbia since 1987.
- Individuals experiencing a mental health crisis and requiring psychiatric hospital care are unable to locate affordable housing and may remain in hospital, thereby using beds that should be available for other patients.
- Homeless individuals with multiple needs that cross ministry boundaries are not well served, specifically people with a forensic history, HIV, physical disabilities, or from certain cultural groups.
- Substance misuse is the most common health condition facing British Columbia shelter clients (32 per cent) and it is cited as the immediate reason for admission to a shelter by a significant percentage of clients. Province-wide, 10 per cent of shelter clients suffer from both mental illness and substance misuse.
- Substance misuse, particularly illicit drug use, is the largest unaddressed issue in the context of British Columbia homelessness. Despite the significant number of shelter clients with substance misuse issues, there is no corresponding policy to provide support services for addicted individuals either in the emergency shelter system or in a supportive housing setting.

- There is a connection between a lack of housing and substance misuse. Treatment facilities are inadequate to meet the needs and affordable housing is scarce. Without treatment facilities, even people who are housed cannot recover, and without decent affordable housing in a secure environment, individuals with addictions end up in emergency shelters or SRO rooms, not suitable environments for promoting recovery.

- Youth age 16 to 18 years present a challenge to the child welfare system, in that they often do not wish to be "in care," yet are not considered adults for the purposes of receiving services. There are few resources for youth age 16 to 18 years, and there are issues regarding eligibility for BC Benefits and thus housing and emergency shelters. However, several initiatives are underway to address these issues.

Emergency Shelter Issues:

- Emergency shelters are serving more individuals with high health and other needs due to substance misuse, medical conditions, mental illness and dual diagnosis. Shelters are not equipped to do so. As housing of last resort, they are accommodating the most challenging individuals with limited resources.

- There is a lack of shelter facilities for certain sub-groups, notably women, youth and Aboriginal people in some areas of the province.

- There is growth in the number of distinct individuals using shelters that serve high-risk populations and youth in Vancouver, and a growing number of 'turnaways' at these shelters.

- Aboriginal people are over-represented among the shelter clients profiled in the snapshot, despite few Aboriginal-run facilities among those studied.

- Longitudinal data measuring the number of unique individuals staying in British Columbia shelters is needed to understand trends in homelessness over time.

- While the snapshot filled one information gap, there remains a lack of information about homeless people who do not use shelters, either because shelter space is not available or is inappropriate, specifically women, youth, Aboriginal people and those who 'sleep rough.'

1 Introduction

1.1 Background

In many parts of Canada, most notably in Ontario and Alberta, the number of people experiencing homelessness increased significantly in the 1990s. In British Columbia, there are also indications that homelessness is on the rise, although not to the same extent as in other Canadian jurisdictions. Another noteworthy trend in most provinces is the changing demographics of people experiencing homelessness, for example, increasing numbers of youth and families with children. We know this because of several recent initiatives, including the Mayor's Homelessness Action Task Force in Toronto and the Edmonton Task Force on Homelessness. They have clearly documented the local homelessness situation and recommended strategies for addressing homelessness. This study is an attempt to fill some gaps in our knowledge about the nature and extent of homelessness in British Columbia and to examine this in the context of other Canadian provinces and cities.

Factors behind these Canadian trends include:

- increased poverty resulting from broad changes within the labour market and to social programs, the lack of affordable housing in the private market;
- the loss of funding for new social housing at the federal level and in most provinces (British Columbia and Quebec are the only provinces that have maintained a housing supply program);
- a lack of capacity in the health system to adequately serve individuals with mental illness and addictions; and
- social issues such as family breakdown, family violence, physical and sexual abuse.

What is not known is how variations in these factors affect homelessness elsewhere in Canada. For example, how have differing provincial housing, income assistance, mental health and other policies affected homelessness in each province? This report seeks to identify the critical policies and other factors that distinguish British Columbia from other jurisdictions.

1.2 Purpose and Objectives

The purpose of this report is to:

- prepare a profile of the homeless population in British Columbia, focusing on trends and characteristics;
- analyse similarities or differences in the nature and magnitude of the homeless population in British Columbia compared to Ontario, Quebec and Alberta;

- analyse key public policies, programs or other factors, which may explain these differences or similarities;
- summarize the most critical policy issues facing British Columbia with respect to homelessness.

1.3 Definitions

This report focuses on two distinct groups of individuals. The first is the homeless, who are people literally without shelter and who live "on the street," as well as those relying on emergency shelters for accommodation. It is common to focus on the latter — people who make use of emergency shelters. This is due to the practical difficulties in measuring or counting those who are literally on the street, sleeping outside in parks, alleys and abandoned buildings.

The second group is those individuals 'at risk' of homelessness. They are considered 'at risk' of homelessness for a variety of reasons — paying too much of their income for rent, and/or living in unsafe, inadequate or insecure housing. Often, these households are one step away from homelessness. One of the most common circumstances placing a household at risk is paying 50 per cent or more of household income towards rent. Households in this situation do not have enough money left over for other necessities such as food, clothing and transportation. If faced with an unexpected expense, they may be unable to make ends meet. Moving outside may be the only answer.

In British Columbia, people living in single room occupancy (SRO) hotels, a housing form that often offers the only alternative to living on the street, are considered to be at risk, as many of these units are neither adequate nor affordable.[2] In addition, the stock is unstable as SRO hotels are disappearing over time. Residents may also be paying more than 50 per cent of their income for rent. People renting motel rooms by the month, living in rooming houses or 'couch surfing' (temporarily staying with friends and family) are also at risk of homelessness. Focusing attention on this 'at risk' group is important because it may help to prevent future homelessness.

1.4 What Causes Homelessness?

Prior to the 1980s, homelessness seemed to involve a small number of mainly middle-age males who were transient or simply disassociated from a family network. They could be found in the older 'skid row' districts of Canada's cities. They were not literally homeless. Most had some form of shelter, though inadequate, in run down rooming houses or hotels. Only some had literally no place to live.

[2] Tenants of SRO units are, however, provided security of tenure under the *Residential Tenancy Act*.

During the late 1970s and early 1980s something changed. Many more people, including women, families and people of all ages, were becoming visibly homeless in most cities. What happened?

The academic and political debate has centred on two sets of issues: the personal factors that lead a person or household to become homeless; and broader societal factors, such as trends in housing and job markets and government policies and programs.

Housing and employment markets have changed dramatically since the 1970s and government restraint in the 1990s has affected the nature and amount of support provided to people in need and to agencies that assist them. There are fewer affordable housing options and fewer permanent full-time jobs. At a time when there are more people in need, there are fewer personal, community and public supports. These factors, not personal factors, determine the *rate and extent* of homelessness. Schwartz and Carpenter[3] point out that differences between people who are and are not homeless at any point in time pertain to the question of *who* becomes homeless, but not the cause of the *rise* in homelessness over time.

New York University researchers, who tracked poor and homeless New Yorkers for five years, found that the *main cause of family homelessness is the scarcity of affordable housing*. Furthermore, their study found that drug addiction, mental illness and other social problems were not major causes of homelessness among families living in NYC. A key finding was that regardless of social disorders, 80 per cent of formerly homeless families with subsidized housing remained stably housed.[4]

The process of becoming homeless can be viewed as a progression from entering the group who are 'at risk,' remaining at risk for some time, and then actually becoming homeless. A logical approach to analysing homelessness according to this model, is to concentrate first on the factors, conditions or policies that contribute to the creation of households 'at risk' of homelessness, then to identify what may contribute to or result in some individuals and households becoming homeless. If a lack of housing, income and support explain why some of the 'at risk' population becomes homeless, the solutions lie in addressing these issues. Depending on the circumstances of the homeless individual or household, solutions include access to adequate housing, an adequate job or social assistance, and/or support services.

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[3] Schwartz, Sharon, Kenneth Carpenter, "The right answer for the wrong question: Consequences of type III error for public health research," *American Journal of Public Health*. August 1999.

[4] Shinn, Marybeth and Beth C. Weitzman, "Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability," *The American Journal of Public Health*. November 1998.

1.5 Conceptual Framework

A conceptual framework is typically used to clarify complex social or other phenomena by simplifying and organizing fundamental components. In the case of homelessness, where many explanations have been offered, this is a particularly useful exercise. A conceptual framework of the causes of homelessness is put forward based upon the foregoing discussion. It will ultimately be used to explain the differences in homelessness in various Canadian provinces and cities.

In Figure 1, Column 1 refers to broad economic, societal and government policy trends primarily at the national and provincial level. These include:

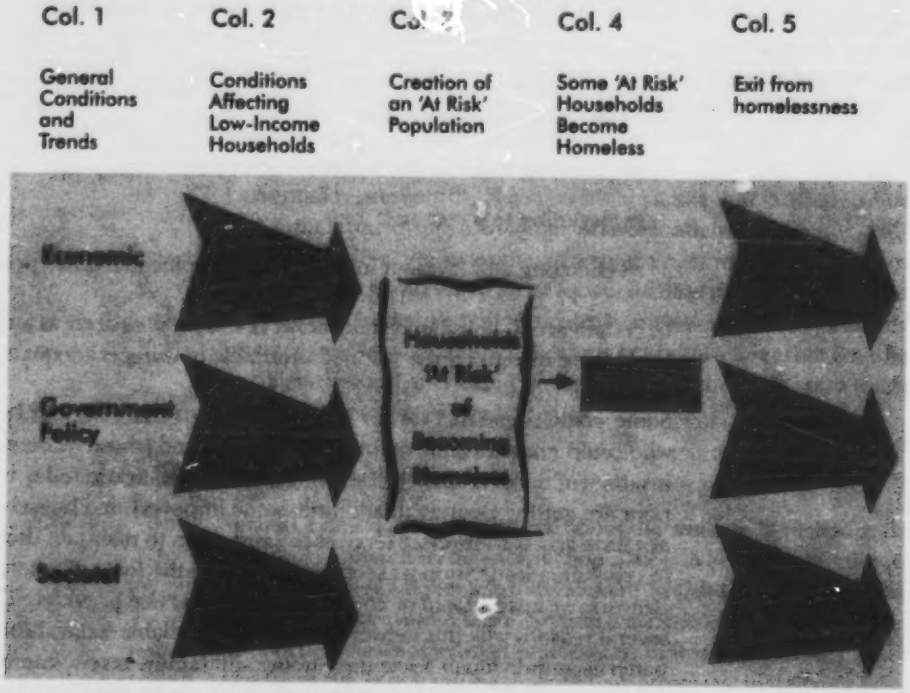
- globalization and trends affecting the structure of the economy;
- business cycles;
- household formation;
- divorce rates;
- housing markets; and
- a host of federal and provincial policies.

Together, these trends act to create the general environment or context that results in a group of people being at risk of homelessness. The broad dynamics in Column 1 help explain why there are more people homeless and more people at risk of homelessness now than prior to the early 1980s.

The three main categories of specific conditions that produce a population at risk of homelessness are shown in Column 2. If there were adequate, affordable and appropriate housing, sufficient income (employment or social assistance), and appropriate support services for those who need them, there would not be widespread homelessness. The lack of one or any combination of these three creates the necessary pre-conditions for homelessness.

In some high growth regions the lack of affordable housing may be the predominant factor placing households 'at risk' of homelessness. Not all poor people become homeless.

Figure 1 Conceptual Framework: Causes of and Solutions to Homelessness



Source: Margaret Eberle, Planning & Associates 2000

Homelessness is not simply a housing problem, but it is always a housing problem. A combination of economic and social factors and policies typically contribute to the lack of affordable rental housing, including:

- inadequate *supply* of affordable housing stock caused by a lack of new purpose built private rental or social housing stock, and/or loss of existing low-cost housing through either demolition, conversion, gentrification, and/or rising rents;
- increased *demand* for housing caused by changing household size, household formation trends, and regional population growth due to migration; and
- reduced *access* to affordable housing caused by discrimination against certain households (e.g. those with the lowest incomes, single parents, and youth) by landlords.[5] Changes to income support policies that eliminate security deposits or first and last months' rent, also can make market housing inaccessible to households.

[5] Pomeroy, Steve, *Residualization of Rental Tenure: The Attitude of Private Landlords to Housing Low-Income Households*, 1997.

Inadequate incomes are also a major factor in predisposing individuals to becoming at risk of homelessness. Again, this may result from a combination of factors including:

- poor economic conditions in the area, including high unemployment rates;
- changing economic structure — more lower wage jobs;
- declining real incomes; and
- changing employment insurance and income assistance policies.

In certain areas, households may be 'at risk' almost entirely as a result of inadequate incomes if the stock of affordable housing is adequate.

Some would argue that society has always had its share of poor households who could not afford prevailing market rents, and whose income was insufficient to cover daily living expenses. The difference today is that the poor are getting poorer. In addition, some impoverished households do not have access to support services to assist them to maintain their housing in crisis situations. Support services might take the form of a personal network, or institutional or community-based service provider. There are several reasons why this network may not be available today. Mobility patterns as individuals leave their home and family, recent immigration or inter-provincial migration, family breakdown, and reduction in social services funding and programming are some reasons.

Column 3 depicts households 'at risk' of homelessness due to one or more of the three conditions. For the purposes of this analysis, 'risk' of homelessness can be defined as households that pay 50 per cent or more of their income for rent, leaving little income for non-shelter expenditures. According to this definition, between 17 per cent and 24 per cent of the renter households in major Canadian cities were 'at risk' based on 1995 data. In British Columbia, one quarter of renter households — more than 115,000 people — pay 50 per cent or more of their income on shelter.

Column 4 indicates that only some 'at risk' households became homeless. Within this pool of households at risk of homelessness, what specifically precipitates the fall into homelessness? Not all households at risk actually become homeless. According to this framework, in any community, national, provincial and local dynamics act together to determine who and how many of the 'at risk' population will actually become homeless.

The situation in Calgary, Alberta illustrates the potentially large differences that can arise in various parts of the country, due to a combination of factors. There, as the profile data shows, the homeless population is unique in that many shelter clients are actually employed, and are more likely to be male than elsewhere. This phenomenon can be partially explained by low minimum wage rates relative to the cost of living and compared to the other provinces in our review. Other

circumstances include the booming economy that encourages in-migration and increases competition for the available housing. The booming economy attracts primarily young male migrants to work in the resource sector, who are typically without the support networks they would have at home. These factors act together to determine who among the 'at risk' population will become homeless in Calgary.

Column 5 represents the three essential factors that facilitate a household's exit from homelessness: adequate housing; adequate income; and/or support services. For example, in a community with adequate housing and support services, access to an adequate income through employment would be sufficient to resolve the particular homeless situation of a family with an unemployed family member. Regions or communities that have been particularly good at creating policies to assist homeless households to exit from homelessness will be better off.

1.6 Report Organization

Section 2 describes what is known about the absolute homeless in British Columbia followed by the 'at risk' population in Section 3. Section 4 provides a comparison of the homeless situation in British Columbia with that of Ontario, Quebec and Alberta. Section 5 consists of a review of the federal and provincial policies affecting homelessness in British Columbia. Section 6 compares the policies in each of the four provinces, identifying key differences and similarities. Section 7 examines the reasons for differences in homelessness among the four largest provinces, including the role particular policies play in affecting the nature and extent of homelessness. Section 8 identifies major policy issues facing British Columbia.

This report forms Volume 2 of a larger study on homelessness in British Columbia. Volume 1 is entitled *"The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature."* Volume 3 is entitled *"The Costs of Homelessness in British Columbia."* It estimates the cost of homelessness to the health care, social services and criminal justice system. Volume 4 is the Background Report containing a profile of homelessness and overview of relevant policies for Ontario, Quebec and Alberta.

2 The Homeless

2.1 Snapshot Survey of British Columbia Shelter Clients — November 19, 1999

The most frequently used method of counting and describing the homeless is through the use of emergency shelter records. This approach does not capture the full extent of homelessness. It excludes those who do not use shelters but sleep 'rough' and specific sub-groups such as women, youth and Aboriginal people for whom there are few suitable shelters. Women and children are said to be the 'invisible homeless.' They avoid living on the street or using emergency shelters by doubling up with other families or living in inadequate accommodation. However, shelter data often tends to be the best information available.

The authors initiated a point in time 'snapshot' of shelter clients in British Columbia emergency shelters on November 19, 1999. All emergency shelter providers,[6] including youth safe houses, were asked to participate by completing a simple survey of their clients that night. Information requested included: age and gender; family status; ethnicity; reason for admission; health conditions; major source of income; and length of time since last permanent address. The survey is attached in Appendix A. The survey was sent to 65 facilities on a mailing list provided by the British Columbia Shelter Net. Fifteen facilities were not shelters, resulting in a universe of 50 facilities. Forty emergency shelter providers responded for a total of 614 shelter clients. The snapshot survey is unique in its provincial coverage. Most measures of homelessness focus on major metropolitan areas.

In B.C., the funding for the majority of emergency shelters is made available through BC Benefits Regulations, which govern the province's welfare system. Funding of shelters is considered income support "in kind;" therefore, an individual is required to be eligible for BC Benefits (in kind) in order to be eligible for emergency shelter. Some B.C. emergency shelters have a few beds funded through other sources. These beds are available to individuals not eligible for BC Benefits.

The figures are best viewed as a description of the characteristics of British Columbia shelter clients, *not as a count or description of all homeless people in the province on November 19th*. While 100 per cent coverage of all emergency shelters was sought, this was not achieved. And, as stated above, using shelter data tends to underestimate certain groups of individuals who either do not use facilities or for whom there are few appropriate facilities. For example, transition houses for women fleeing abuse, a group not typically considered as part of the homeless population, were not included in the survey. However, we know that in smaller urban centres where there are no suitable emergency shelters, women will go to a transition house for emergency shelter. To address this

[6] Includes shelters funded by Ministry of Social Development and Economic Security and others. This includes hotels contracted by SDES to accommodate persons and families on an emergency basis, usually where no other facilities exist.

shortcoming, some individuals who are in transition houses, correctional facilities, hospitals and detox centres should be considered homeless as well as people who sleep outside. Further data collection efforts are required to include these people in the estimate of homelessness in British Columbia. The snapshot is considered a first step to understanding the magnitude and nature of the homeless population in British Columbia.

There are two additional potential limitations in the data. First, shelter providers were asked to use their judgement (rely on visible signs) if necessary, in order to complete the section on health conditions. This may result in less reliable responses for this variable. It is felt that this approach would likely result in an underestimate of certain conditions that are not immediately apparent. In addition, respondents were asked to identify the *immediate* reason for admission to shelter. With this wording, we were trying to avoid confusion with an *underlying* reason for admission, but this confusion still may have occurred.

The snapshot captured information about the individuals who used emergency shelters on November 19th — a *point in time* measure. This is essentially a measure of the capacity of the emergency shelter system. The people who used the shelters on November 18th or 20th, for example, may differ somewhat from those profiled in the snapshot. Recognizing that those who are actually homeless change from day to day, another measure, called *period prevalence*, is becoming more common. It measures the number of unique individuals who are homeless over a certain period of time, usually one year. The Golden Task Force in Toronto was able to obtain period prevalence information that measures and describes all the people who used the Toronto shelter system over the course of a one year and a nine-year period.

There is no consistent longitudinal source of data on the number and characteristics of homeless people in British Columbia to facilitate analysis of trends in homelessness over time. The Ministry of Social Development and Economic Security (formerly Human Resources) which funds most emergency shelters in British Columbia does not have the capacity to employ its data for this purpose. Work by CMHC to establish the Homeless Individuals and Families Information System (HIFIS),[7] recently introduced by CMHC, will provide consistent longitudinal information about shelter clients in many Canadian centres. However, this will take five or more years to produce information on changes over time.

In addition to the snapshot survey, shelter client information was obtained from several other sources in order to provide some idea of trends in homelessness. The Greater Vancouver Mental Health Services Society (GVMHSS) maintains a good source of longitudinal data about clients in Lookout and Triage emergency shelters. Findings from a 1991 survey of 124 emergency shelter clients in seven shelters in Vancouver are summarized to

[7] It will allow shelter agencies nation-wide to collect information that will provide longitudinal, multi-locational and unduplicated data on homeless shelter clients over time. This is expected to be operational sometime in 2001; some shelters in British Columbia are currently involved in beta-testing the system.

provide a snapshot of an earlier period. Data from published and unpublished surveys focusing on street youth are also included. Telephone interviews with representatives of housing advocacy groups and emergency shelter operators in seven smaller regional centres provided context for the situation in other urban centres throughout the province.

2.2 *British Columbia Shelter Clients*

A total of 614 clients were staying in the British Columbia shelters that participated in the snapshot on November 19th. There were 53 turnaways either because the facility was full (28) or the individual was inappropriate for the shelter (20).[8] The Ministry of Social Development and Economic Security funds over 700 shelter beds in 41 shelters across the province. There are 58 youth safe-house beds. Other locations where homeless people may have spent the night on November 19th are: transition houses; detox; recovery and treatment facilities; correctional facilities; hospitals; and sleeping rough in abandoned buildings and parks.

Table 1: Clients seeking emergency shelter November 19, 1999 (As recorded by snapshot survey)

Total clients	614
Turnaways	53
Clients and turnaways	667

Source: Snapshot survey, November 19th, 1999

Because the characteristics of shelter clients depend upon the number of shelter beds available for different client groups, a breakdown of the number of shelters that participated in the snapshot by client group follows. Shelters that serve adult males predominate, followed by adult (mixed) shelters. Only 6 per cent and 5 per cent of spaces are for youth and women respectively.

Table 2: British Columbia shelter facilities by client group (snapshot participants)

Client group	# of shelters	# of spaces	per cent of spaces
Male	14	348	42
Adults	11	289	35
Women and children	6	104	13
Youth[9]	7	48	6
Women	2	42	5
Total	40	831	100

[8] The reason was not specified for the remaining 5 turnaways.

[9] Mostly safehouses. One of the three youth shelters in the province did not participate in the snapshot.

Table 3 shows that British Columbia shelter clients that night were predominantly male (78 per cent) between the ages of 25 and 44 years old (52 per cent), single (86 per cent) and Caucasian (66 per cent). The average age was 37 years old. The immediate reasons for staying at the shelter that night were 'out of funds' (24 per cent), followed by 'substance misuse' (14 per cent). Just over half the shelter clients received BC Benefits as their major source of income. This fairly low figure may be explained by changed eligibility for BC Benefits and an increase in no-barrier shelter beds, which do not require BC Benefits eligibility. Most (67 per cent) have been homeless for less than six months. Substance misuse (either alone or in combination with other health issues) is the largest single health issue facing shelter clients (32 per cent) followed by mental illness (22 per cent).

Table 3: British Columbia shelter clients (n=614) (as recorded by snapshot survey)

By location	Per cent
Lower Mainland	59
Other urban centres	41
Total	100

Gender	Per cent
Male	78
Female	21
Other/no answer	0
Total	100

Age (yrs)	Per cent
0-15	6
16-18	3
19-24	11
25-34	23
35-44	29
45-54	16
55-64	6
65+	5
Total	100

Family status	Per cent
Single	86
Couple	3
Family with children	8
No answer	3
Total	100

Ethnicity	Per cent
Caucasian	66
Aboriginal	19
Asian	3
Other	6
No answer	6
Total	100

Table 3 . . . continued

Major Source of Income	Per cent
Welfare	52
None	20
Disability Benefit	6
Employment	4
Pension	3
Other	3
Combination of welfare and other	1
No answer/not known	12
Total	100

When Last Permanent Address	Per cent
< 6 Months	67
6 to 12 months	14
> 1 year	10
No answer	8
Total	100

Reasons for Admission	Per cent
Out of Funds	24
Substance Misuse	14
Evicted	12
Just Moved/Visiting	11
Family Breakdown	10
From Hospital	4
Stranded	3
From a Correctional Facility	2
Spousal Abuse	2
Fire/Safety	1
Refugee	0
Parental Abuse	0
Other	6
No answer	9
Total	100

Heath condition (visible) (more than one OK)	Per cent
Physical disability	9
Mental illness	22
Medical condition	17
Substance misuse	32
Substance misuse and mental illness	10
None or no answer	45

Source: Snapshot survey, November 19th, 1999

Information on the chronicity (number of days an individual used the system over a period of time) of British Columbia shelter clients was not obtained through the snapshot. HIFIS will permit analysis of chronicity.[10]

[10] In Toronto, the Golden Task Force found that 16.5 per cent of cases are chronic users, staying in the shelter system 365 days or more over a 9-year period. They used 46 per cent of bed-nights over nine years.

2.3 *Lower Mainland Shelter Clients*

Table B1 in Appendix B shows the characteristics of the 363 Lower Mainland shelter clients surveyed on November 19, 1999. This population, which makes up the largest share of the 614 people included in the snapshot, has similar characteristics as the British Columbia clients. However, they are somewhat more likely to be male, single and Caucasian compared to the total. The major reason for admission to Lower Mainland shelters is 'out of funds' followed by 'evicted.' BC Benefits is the major income source for 53 per cent of Lower Mainland shelter clients and they are most likely to have been homeless for less than six months (72 per cent). These clients are also more likely to suffer from a health condition (58 per cent) than the British Columbia shelter population (55 per cent).

The City of Vancouver estimates that at any one time there are 300 to 600 people living literally without shelter in that city alone, and another 300 to 400 in emergency shelters for total of 600 to 1,000 homeless people.[11]

Clients of Lookout and Triage represent one dimension of shelter clients in Vancouver — individuals with a higher level, complexity and acuity of health needs who have had difficulty accessing other housing. The number of beds at these two facilities has remained stable for many years, thus admission figures, which measure the capacity of a facility, do not adequately describe the trends affecting these clients. Lookout does, however, record the number of distinct individuals using the shelter over the year. In 1998, 2,502 different people used the shelter.

Recognizing that they were unable to serve a growing number of individuals each night because they were full,[12] Lookout and Triage began keeping records in 1992 of individuals refused accommodation. Combined "turnaway" data from Lookout and Triage show an increase of over 85 per cent in five years. From 1,959 turnaways in 1993–1994, the figure grew to over 3,600 turnaways in 1998–1999.[13] In fact, beginning in 1994–1995, the number of turnaways has exceeded the number of admissions each year. Most turnaways from these two shelters occur because there are no available beds (53 per cent). The next most common reason for service refusal is a lack of appropriate beds due to gender (18 per cent).

If the people turned away were admitted, figures would show an increase of over 24 per cent between 1993–1994 and 1998–1999. This suggests an increasing shortage of beds in the area caused by a worsening problem.

Do individuals refused admission at one shelter then go to another? If so, they would be recorded twice and overestimate the problem. Analysis of January 1999 turnaway data from eight Vancouver shelters/hostels

[11] City of Vancouver, Jill Davidson, Senior Housing Planner.

[12] Contributing to this is the fact that shelters are having to provide more days of service to some individuals who have complex issues.

[13] GVMHSS, *Housing Services Report 1998/99*, October, 1999.

found little duplication. Of 671 turnaways for the month of January, 413 were unique names. Of these only 13 were turned away from two or more shelters.[14]

Table 4 shows the link between these two emergency shelters, SROs and the streets. For the first time since 1993–1994, clients who lived on the street prior to admission (31 per cent) exceeded those formerly living in SRO rooms (27 per cent). Only 3 per cent were housed in independent housing in 1998–1999. In addition, a significant share of clients (12 per cent) came from institutions such as hospitals and correctional facilities, both revealing the type of clients and a lack of discharge planning and/or suitable options for housing.

Table 4: Accommodation prior to admission 1993–1994 and 1998–1999

Lookout and Triage	1993–1994 per cent	1998–1999 per cent
Housing		
Hotel/rooming house	37	27
Own accommodation	4	3
Street	24	31
Hostel/Emergency Shelter	7	9
Institutions		
Hospital — Riverview	1	1
Hospital — Acute	5	8
Correctional Facility	2	3
Forensic Psychiatric Institute	0	0
Community Care Facilities		
Detox/substance misuse treatment	3	3
Mental health residence	4	2
Other community care facilities	0	0
Family/friends	8	8
Other, unknown	4	5
Total	100	100

Source: GVMHS Housing Services Reports, various years

Most clients of these two shelters see themselves as residents of Vancouver (75 per cent); a proportion that has remained relatively unchanged since 1993–1994. Sixteen per cent are from the rest of British Columbia, and 10 per cent are from out of province.[15]

[14] Lookout Emergency Shelter, January 1999 Turnaway Data Work. February 24, 1999.

[15] Figures do not add to 100 due to rounding.

Much less is known about where shelter clients go after leaving the shelter (51 per cent unknown). Of those who did know where they were going, the largest number planned to move to an SRO hotel or rooming house (45 per cent).

A snapshot of all (124) clients of seven Vancouver shelters during a four-month period in 1991 was produced by a 1991 survey[16] (see Table B2 in Appendix B). The survey found that clients were predominantly young (median age 32), single (85 per cent) and male (71 per cent). Thirty one per cent had not used a shelter previously, while 11 per cent were chronic users (defined as 12 or more previous stays). Sixty–two per cent stayed less than seven days. Living on the street (20 per cent) or eviction (16 per cent) were the most common reasons for shelter use, and 14 per cent cited a drinking or drug problem as the primary reason. BC Benefits was the primary source of income for 82 per cent of respondents. Although not reported in tabular format, it appears that most respondents' needs for medical care were being met. About 22 per cent were using mental health care resources at the time.

2.4 *Other Urban Centres in British Columbia*

Homelessness occurs in mid-sized urban centres in British Columbia as well as major metropolitan areas. The snapshot included emergency shelter providers in 15 places outside the Lower Mainland. A profile of these shelter clients is contained in Table B1 in Appendix B. Profiles for individual centres were not produced due to the small number of clients in each.

The snapshot survey found that clients of shelters outside the Lower Mainland are less likely to be male 74 per cent versus 81 per cent for Lower Mainland shelter clients. Youth represent a smaller share of the shelter client population, only 7 per cent compared 11 per cent in British Columbia, and 14 per cent in the Lower Mainland. This likely reflects the lack of facilities for youth in these centres. Clients are also more likely to be of Aboriginal ethnicity (26 per cent). The largest immediate reason for admission is substance misuse (22 per cent), much larger than among the Lower Mainland and British Columbia clients. Clients in these places may be less likely to cite 'out of funds' or 'eviction' as a primary reason for homelessness due to higher vacancy rates and lower rental rates outside of the major metropolitan areas. The proportion citing substance misuse as a health condition (32 per cent) is roughly the same as among British Columbia (32 per cent) and Lower Mainland (33 per cent) shelter clients.

Based on discussions with housing advocates, municipal staff and shelter providers in several locations across British Columbia, the following issues became apparent:

- There is a lack of facilities for certain sub-groups including women and youth.

[16] Sonia Acorn *"Emergency Shelters in Vancouver, Canada," Journal of Community Health*, Vol. 18. No 5. 1993, pp. 283–291.

- Seasonal patterns in homelessness are evident.
- Homelessness is often associated with transience.
- Homelessness is becoming more visible.

A brief description of the homeless situation in several urban centres follows.

Victoria An estimate of the number of individuals accessing shelter beds in Victoria was produced in 1997 by cross-referencing the records of shelters in that city.[17] A total of 2,050 unique individuals were reported, up from 1,660 in 1996, an increase of 23.5 per cent over one year. Victoria has a small stock of five SRO hotels, with an estimated 174 rooms rented on a monthly basis. One survey identified an additional 35 rooming houses with approximately 300 rooms.[18] Three Victoria area shelters were included in the snapshot.

Kamloops There are two shelters in Kamloops — one for men and one for women. The community attracts many transient people, particularly in summer, due to its central location. Men appear to be more visible, and there is a range in age. Kamloops has one SRO (105 rooms) and many rooming houses. The condition of rooming houses in Kamloops is an issue in the community. One Kamloops shelter is included in the snapshot.

Kelowna The local housing advocacy group estimates there are between 200 to 300 homeless people in the winter months. One shelter, Gospel Mission shelter, serves males with 30 beds. The community has a limited number of female shelter spaces. The number of homeless tends to increase in the summer due to transient workers (pickers) entering the area. There are few SROs in Kelowna, but motels are used as monthly accommodation in the winter. Occupants are often evicted in the summer months when higher prices can be obtained from tourists. Four facilities in Kelowna participated in the snapshot.

Nanaimo There is one emergency shelter in Nanaimo with twelve beds and three couches, which has been open since 1989. In the fiscal year 1998–1999, 905 unique individuals used the shelter. Since the beginning of the 1999–2000 fiscal year, staff have noticed a growing number of women among their clients; in 1998 women comprised fewer than 10 per cent of their clients. Their policy is not to turn anyone away. The shelter is traditionally less busy in the summer than winter. This shelter is not a hostel, and actively discourages transients from using the facility. A significant share of clients is either going into detox or getting out of detox or treatment. A women's shelter and addiction service for men recently closed. The City of Nanaimo has just completed an inventory of SRO buildings. The Nanaimo shelter participated in the snapshot.

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[17] City of Victoria, Community Development Division, Homelessness in Victoria — Fact Sheet, no date.

[18] Thrasher, Penn, *And Miles to Go . . . Housing Lower Income Singles in Victoria*, Victoria Cool Aid Society, 1997.

Nelson There are no emergency shelters in Nelson. A community group assessing the need for a shelter estimates the need for 10 to 15 beds. The summer months are the worst when a large transient youth population enters the area. 'Couch surfing' or camping outside of town are the preferred sources of shelter. Nelson has few SRO units, estimated at 75 to 80. It is known that within these SRO units, people are "crashing" with tenants. Nelson has had a low vacancy rate for many years.

Prince George The community has several shelters, but none operate all year round. The temporary winter shelter had 76 unique clients in 1998 (due to a short open period that year) and approximately 300 clients in 1997. Some feel the opening of the University of Northern British Columbia may have resulted in some evictions. The community offers a variety of services for the homeless. Unlike other British Columbia communities, the homeless situation does not vary significantly between the summer and winter months. Three facilities in Prince George participated in the snapshot.

Terrace Emergency shelter consists of seven funded beds, serving single adult males and couples. It has been open since 1993. It accommodated just over 200 distinct individuals in 1998. In 1997, the shelter's funding was reduced from ten to seven beds. Its mandate was also changed to single adult males and adult couples only. Women and children are now referred to a transition house. The shelter does turn individuals away when full. The Terrace Emergency Shelter participated in the snapshot.

2.5 Subgroups

2.5.1 Youth

The snapshot captured information about 89 youth (defined as 16 to 24 years inclusive) representing 14 per cent of British Columbia snapshot clients. This rather small sample may be due to the fact that there are few shelters in the province with a mandate to serve youth.[19] Seven youth shelters and/or safe houses with a capacity of 48 people (usually aged 16 to 18 years) participated in the snapshot. Youth over 18 years are also served in adult shelters. Table B1 in Appendix B describes the characteristics of these youth.

Youth are more likely to be female (26 per cent) compared to all shelter clients (21 per cent) and Aboriginal (22 per cent) compared to 19 per cent. Most youth are staying in an emergency shelter because they are 'out of funds' (19 per cent) but a larger proportion is there due to family breakdown (13 per cent) than the shelter population as a whole (10 per cent). BC Benefits, while the major source of income for most youth (45 per cent), is less so than for all shelter clients (52 per cent).[20] A much higher percentage of youth (36 per cent) than all of British Columbia clients

[19] One youth shelter in Victoria did not participate in the snapshot.

[20] Of the youth age 16 to 18 (n=20) represented by the snapshot, 40 per cent say BC Benefits is their major source of income.

(20 per cent) has no source of income at all. More youth have been homeless for less than six months (82 per cent) than among the total shelter client population (67 per cent). Youth have a higher rate of substance misuse (36 per cent) and a lower rate of mental illness (17 per cent) than all British Columbia shelter clients.

Some additional information from Covenant House (a Vancouver youth shelter), and several street youth surveys is presented here. In 1998, Covenant House had 199 different clients. This increased to 271 clients in 1999, an increase of 36 per cent over one year. 1999 turnaway figures for Covenant House show that 1,879 people were turned away during the year, or an average of five youth per night.

Forty-four per cent of clients seeking shelter at Covenant House report that Vancouver is their home community, with another 20 per cent coming from other British Columbia communities and 20 per cent from the rest of Canada. Information on accommodation prior to admission to Covenant House indicates that the majority of clients come directly from the street (41 per cent) or another shelter (16 per cent). Few youth appear to use SROs as a form of accommodation (only 6 per cent). Twelve per cent were previously living in a health care or criminal justice institution and another 11 per cent previously lived in community care facilities of some kind.

Fewer shelter clients return to the street upon discharge from Covenant House (24 per cent), than came from the street (41 per cent). A greater number move into their own accommodation (26 per cent) than came from their own accommodation (17 per cent), most move into SRO-type accommodation as opposed to more suitable housing. Disturbingly a new category, fatalities, is identified in the discharge figures. The small numbers do not show up in the percentages, but 1998 saw three fatalities among shelter clients.

The Adolescent Health Survey[21] found that street youth are much more likely than youth attending school to rate their health poorly. Twenty-five per cent of males on the street rated their health as poor compared to 1 per cent of males still in school. (According to the authors, studies have shown that self-rated health status is indicative of both physical health and social well being.) Also, as Table 5 shows, except for diabetes and physical handicaps, the proportion of street youth with a variety of specific conditions exceeds the proportion found among youth attending school, particularly sexually transmitted diseases, accidental poisoning, asthma and emotional problems.

[21] McCreary Center Society, *Adolescent Health Survey: Street Youth in Vancouver*, prepared by Roger Tonkin, Larry Peters and Aileen Murphy, Burnaby, British Columbia, 1994.

Table 5: Selected health conditions

Selected health conditions (N=110)	Males on street (n=56) per cent	Females on street (n=56) per cent	Males in school per cent	Females in school per cent
Diabetes	2	1	1	1
Physical handicap	1	2	1	1
Epilepsy	4	6	1	2
Sexually Transmitted Diseases	22	37	3	2
Hypoglycemia	11	12	3	4
Accidental poisoning	16	15	3	4
Chronic fatigue syndrome	9	18	3	5
Asthma	42	51	18	27
Emotional problems	48	53	20	42

A variety of different measures of drug and alcohol misuse have been reported. For example, 62 per cent of street youth had used crack or cocaine three or more times, and 91 per cent had similarly used marijuana.[22] In addition, the McCreary Centre Society reported that 85 per cent of all street youth surveyed have used cocaine in their life, compared to about 5 per cent of youth in school. Sixty-four per cent of males and 50 per cent of females reported using cocaine more than 10 times in their life. Seventeen per cent of Victoria street youth said they had sought treatment for alcohol misuse and drug misuse.[23]

The Adolescent Health Survey found that 51 per cent of street youth had considered suicide in the preceding year, and 34 per cent had actually attempted suicide.

2.5.2 Aboriginal People

People of Aboriginal ethnicity made up 19 per cent of all British Columbia shelter clients included in the snapshot on November 19th. This compares to between 3 per cent and 4 per cent of the British Columbia population as a whole, so that they are over-represented among those using shelters. This is despite the fact that Aboriginal people are less likely to access non-Aboriginal operated shelters. Table B1 in Appendix B contains detailed profile data for this sub-group. Of note, Aboriginal clients are more likely to be female (41 per cent), families with children (17 per cent), and under age 24 (33 per cent) than other British Columbia clients. 'Substance misuse' and 'out of funds' are the two most common reasons for admission to shelter. Substance misuse as a health condition is more prevalent among this subgroup (43 per cent) than for the entire shelter client population (32 per cent).

[22] McCarthy, Bill, *On the Streets — Youth in Vancouver*, British Columbia Ministry of Social Services, July 1995.

[23] Research Subgroup of the Committee for Sexually Exploited Youth in the CRD. *A consultation with 75 sexually exploited youth in the CRD of British Columbia*. October 1997.

2.5.3 Women and Families

The snapshot data provides a picture of one subset of homeless women — those who use emergency shelters.[24] Women and families are often considered the 'invisible homeless,' as they tend to live temporarily in sub-standard accommodation or share with others rather than live on the streets or use emergency shelters. Six shelters (with 104 spaces) with a specific mandate to serve women and children participated in the snapshot. Women are also accommodated in several mixed adult shelters. Overall women comprised 21 per cent of British Columbia shelter clients on snapshot day. Individuals who are part of a family with children made up 8 per cent of the British Columbia client population.

Table B1 in Appendix B contains detailed profile data. It shows that women shelter clients are younger (58 per cent under 35 years) and more likely to be part of a family with children (18 per cent). They are predominantly Caucasian (52 per cent), but more likely to be Aboriginal (36 per cent) than the general shelter population. The primary reason for admission is 'substance misuse' (21 per cent) followed by 'other' reasons such as 'falling out with roommate' and 'awaiting housing.' Female shelter clients cite BC Benefits as their major source of income (47 per cent), and most have been homeless less than six months (79 per cent). Female shelter users are much more likely to be living with a major health condition (66 per cent). Substance misuse is the most frequently identified health condition (37 per cent), followed by mental illness (31 per cent) and other medical condition (26 per cent). Women also show a higher incidence of a combination of mental illness and substance misuse (13 per cent).

A recurring theme from the interviews with shelter providers and housing groups, and evident in transition house admission data, is that there is a lack of services for homeless women and their families, both in major centres and elsewhere. There are few women-only shelters in the province. In mixed shelters, women may be turned away because their "female" beds are occupied. In addition, many smaller communities have no women's shelter and women must rely on transition houses for emergency accommodation, even when violence is not an issue. For example, of approximately 6,500 admissions to British Columbia transition houses in 1998, almost 1,000 admissions or 15 per cent were due to non-abuse reasons.[25] (While sheltered for 'non-abuse' reasons does not necessarily mean homeless, it is one of several reasons.) This situation is most prevalent in the Thompson/Okanagan, Cariboo/Peace and North Coast/Nechako regions.

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[24] The snapshot survey did not include transition houses.

[25] Personal communication, Deborah Nilsen, Ministry of Women's Equality.

2.6 *Trends in Homelessness*

Identification of changes in the *size* of the shelter population is hampered by a lack of historical data. We can make some observations about trends based on data provided from individual shelters:

- In two Vancouver area shelters serving high risk populations, the number of 'turnaways' grew by 86 per cent between 1993–1994 and 1998–1999;
- A Vancouver youth shelter showed a 36 per cent increase in the number of distinct clients between the 1998 and 1999 fiscal years;
- In Victoria, the number of homeless individuals using shelters grew rapidly between 1996 and 1997 (24 per cent); and
- Homelessness is becoming more visible in mid-sized British Columbia communities such as Nanaimo, Kamloops, Kelowna, Nelson and Prince George.

Information is available on the changes in the characteristics of the homeless population over time in the Lower Mainland. Compared to the 1991 survey of Vancouver shelters, the 1999 snapshot revealed some notable differences:

- a larger proportion of males (81 per cent) in 1999 than in 1991 (71 per cent);
- slightly more single people in 1999 (90 per cent) compared to (85 per cent);
- a dramatic decline in the proportion of clients receiving BC Benefits from (82 per cent) in 1991 to 53 per cent in 1999, likely due to changes in eligibility; and
- fourteen per cent of 1991 shelter clients indicated an alcohol or drug problem as the primary reason for shelter use. Today, 9 per cent say it is their major reason for admission, *but substance misuse is a health condition for 33 per cent of Lower Mainland shelter clients.*

3 Households At Risk of Homelessness

3.1 Definition and Data Sources

People living in SROs represent a conservative definition of those at risk of homelessness. Other potential households considered 'at risk' of homelessness are: people living in rooming houses (many inadequate and insecure); households paying more than 50 per cent of their income for rent; and households doubling up with others or 'couch surfing' (temporarily staying with friends).

A single room occupancy (SRO) hotel is a residential hotel, usually privately owned and operated, where rooms are rented on a monthly basis. Many of the buildings are old, built in the 1920s or earlier, and are in poor condition. These rooms typically do not contain a bathroom, nor a kitchen, are small (roughly 10 ft. x 10 ft.) and of poor quality. In Vancouver, they are clustered in two areas: the Downtown Eastside and Downtown South. Other Lower Mainland municipalities with SRO hotels are New Westminster, Surrey and Burnaby. SROs exist in many other British Columbia municipalities as well, for example, Victoria, Kelowna, Nelson, Nanaimo, Kamloops, and Prince George. Motels can provide the same type of accommodation in smaller urban centres, particularly in the winter months. This is problematic because tenants may be evicted to make room for tourists in the summer. This form of housing is not found in all other provinces, although it is comparable to rooming houses in many respects. Both provide a step, albeit an often unsatisfactory one, between decent affordable housing and living on the streets.

People living in single room occupancy hotel units (SRO) are considered to be at risk of becoming homeless, as many of these units are neither adequate nor affordable.[26] In addition, the stock is unstable as SROs are disappearing over time. Data on shelter clients in the previous section also shows the link between homelessness and SRO hotel accommodation. Many people using the shelter system either came from an SRO or plan to reside there after leaving the shelter.

3.2 The Count

Table 6 shows the number and proportion of renter households who are paying 50 per cent or more of their incomes to rent, and who are considered to be 'at risk' of homelessness. In British Columbia, in 1996, 24 per cent or 115,000 tenant households paid 50 per cent or more of their income for rent, an increase of 6 per cent since 1991. The number, proportion and growth rate varies among British Columbia municipalities, some of which are displayed below. Aside from Vancouver and Victoria, Kelowna, Nanaimo, Kamloops and Prince George have the highest absolute numbers of households 'at risk.' Nelson, Nanaimo and Kamloops have the

[26] Tenants of SRO units are however provided security of tenure under the *Residential Tenancy Act*.

largest number of their renter households paying 50 per cent or more for rent in 1996. Of those centres reviewed, Nelson and Kamloops experienced the most rapid growth in the number of tenant households paying 50 per cent or more for rent between 1991 and 1996.

Table 6: Number and proportion of tenant households paying 50 per cent or more of income to rent

Location — by municipality	Number of renter households paying 50 per cent or more	1996 Share of renter households per cent	Change in per cent of rental hh paying > 50 per cent 1991–1996
British Columbia	115,525	24	6
Vancouver	31,250	25	6
Victoria	6,255	26	3
Kamloops	2,505	29	10
Kelowna	3,180	26	9
Nanaimo	2,855	30	5
Nelson	440	32	14
Prince George	1935	23	7
Terrace	295	23	7

Source: BC Housing. General Need and Demand Indicators, August 3, 1999. Based on 1996 Census data

The City of Vancouver has conducted several surveys that provide historical demographic information on the residents of SRO hotels and rooming houses. Figures in this section are taken from the 1986 and 1991 random surveys of Vancouver SRO hotel occupants[27] and a comparable survey by the Main and Hastings Community Development Society undertaken in 1999.[28] The latter figures are included where preliminary data is available.

[27] City of Vancouver. *Single Room Occupancy Hotel Residents of Downtown Vancouver* by Leslie Butt, 1991. Downtown Vancouver, privately owned SRO occupants only (n=279). *1986 Downtown Housing Survey*, March/April 1986. 100 per cent building sample, including market and non-market rental units in whole downtown area. Data presented for market buildings only (n=231).

[28] Downtown Core Housing Project. Sponsored by the Main and Hastings Community Development Society, TRAC, and British Columbia Housing. Preliminary results, March 2000.

Table 7 summarizes what is known about the number of SRO units and occupants in the province today.

Table 7: People living in SRO units in British Columbia, 1998

Location	Number of Units/Occupants
Vancouver	6,677[29]
Elsewhere in Lower Mainland*	297[30]
Victoria	174[31]
Rest of British Columbia	5,800 to 6,800[32]
Total British Columbia	13,000 to 14,000[33]

*Burnaby, N. Westminster, Surrey

While the size of the stock is substantial, the number of SRO units in the province is declining as a result of conversion and demolition, fires and closures due to enforcement of health and safety regulations. Between 1970 and 1999, the SRO inventory in Vancouver has declined by 6,330 rooms, a reduction of 50 per cent.[34] An assessment of building condition carried out as part of the Colliers study found 17 per cent were in good condition, and 26 per cent required possible major repairs.

Counts of SRO units outside the major cities are largely unavailable and it is not reasonable to assume that occupant characteristics are the same as Vancouver SRO occupants. An inventory of SRO buildings was recently completed in Nanaimo. It found five SROs with a total of 136 residents.[35] And, a recent inventory of SRO hotels with liquor licenses found that there were 813 units associated with licensed SROs around the province, excluding Vancouver.[36] One of the features of regional centres outside the Lower Mainland are motels that rent on a monthly or weekly basis in the winter, then evict these tenants to cater to tourists in the summer months.

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[29] City of Vancouver. *Draft Housing Plan*. Downtown Eastside — Chinatown — Gastown — Strathcona, July 1998.

[30] Ministry of Municipal Affairs. Inventory of SRO hotels with liquor licenses.

[31] Thrasher, Penn. *And Miles to Go . . . Housing Lower Income Urban Singles in Victoria*. 1997.

[32] Estimate based on difference between provincial estimate and sum of other locations.

[33] Source: Ministry of Social Development and Economic Security.

[34] Colliers International, *SRO Conversion/Demolition Study for Downtown Vancouver, 1998–2011*, 1998.

[35] Alison Millward, City of Nanaimo.

[36] British Columbia Ministry of Municipal Affairs. Inventory of SRO hotels with liquor licenses.

3.3 Characteristics

In 1999, Vancouver SRO residents were mostly male (84 per cent), up slightly from the 1991 and 1986 figures. In 1999, the largest proportion (38 per cent) of residents was between the ages of 15 and 35 years. This is a dramatic increase compared to 1991 when the proportion in that age group was 29 per cent. The proportion of residents over age 55 has dropped significantly from 46 per cent in 1986 to only 13 per cent in 1999. Possible explanations for the changing age structure include: high mortality rates for SRO residents; increasing numbers of youth; older people are eligible for higher pension benefits and can afford other housing options; and construction of social housing in the area geared for people age 45 and over. While no children are shown in the 1999 data, this does not mean there are no children living in the area, only that the questionnaire was not designed to obtain information about children.

Table 8: Gender and age of Vancouver SRO residents

	1999 per cent	1991 per cent	1986 per cent
Gender			
Men	84	82	81
Women	16	18	19
Age			
Children[37]	–	3–4	2*
15–35	38	28.5	17**
36–45	30	19	19
46–55	18	16.5	16
Over 55	13	33	46

*0–19 yrs
**20–34 yrs
Source: Main and Hastings Community Development Society[38]

The proportion of different family types living in SROs changed somewhat between 1991 and 1999. Single person households now represent 95 per cent and shared households only 5 per cent (consisting of couples, families, and people sharing). In 1991, this breakdown was 85 per cent single person households, 15 per cent shared households.

Aboriginal people are over-represented among SRO residents. In 1999, they represented 16 per cent of Vancouver SRO residents. This is up from the 1986 figure of 12 per cent. Aboriginal people made up fewer than per cent of the total population of the City of Vancouver in 1996.

[37] Adults interviewed were not asked if they had children.

[38] Main and Hastings Community Development Society. *Downtown Core Housing Project.* March 2000. City of Vancouver. *Single Room Occupancy Hotel Residents of Downtown Vancouver* by Leslie Butt, 1991. *1986 Downtown Housing Survey,* March/April 1986.

Income figures for 1991 for Vancouver SRO residents are unavailable. In 1991, income assistance was the major source of income for the largest proportion (47 per cent) of SRO residents. (These figures reflect the period prior to income assistance changes.) This was followed by work (14 per cent) and old age security/pension (11 per cent). Table 9 also shows that the percentage of residents receiving old age security (OAS)/Canada Pension Plan (CPP) declined quite dramatically between 1986 and 1991, attributable to the change in age patterns noted earlier.

Table 9: Major source of income Vancouver SRO residents

Income Source	1991 per cent	1986* per cent
Welfare/GAIN	47	49
Work	14	11
OAS/CPP	11	27
Handicapped Pension	9	5
UIC	3	4
DVA	2	3
No response/other	14	10

*Figures add up to more than 100 per cent reflecting cases with two sources of income. 1999 data not yet available.

3.4 Health Profile

SRO residents are much less likely to rate their own health status as excellent or very good (24 per cent), compared to the average Canadian (63 per cent). The largest proportion of Vancouver SRO residents report that their health status is good (44 per cent). Comparing SRO resident health status between 1991 and 1999 shows that in 1999 more residents report their health as excellent or very good (24 per cent) compared to 17 per cent in 1991. Fewer report fair or poor health in 1999. This is likely due to the increasing proportion of younger adults in the SRO population today.[39] In 1999, the proportion of Vancouver SRO residents with health care coverage (a Care Card) climbed to 90 per cent from 70 per cent in 1991.

[39] There is a deterioration in self-rated health status in successive age groups according to the *Statistical Report on the Health of Canadians.*
Other possible factors include services provided by Community Living Support Workers (CLSW) to SRO residents.

Table 10: Self-rated health status Vancouver SRO residents

Health status	1999 per cent	1991 per cent	Avg Canadian 1996–1997[40] per cent
Excellent/very good	24	17	63*
Good	44	43	27
Fair	25	28	7
Poor	8	12	2

*Combined excellent and very good

In 1999, one-fifth of SRO residents reported being hospitalized in the previous year (20 per cent), down slightly from 22 per cent in 1991.

Table 11: Hospitalization and disability among Vancouver SRO residents

Hospitalization and disability	1999 per cent	1991 per cent
Hospitalization in previous year	20	22
Ever hospitalized for		
— emotional/nervous or drug/alcohol	N/A	32
— emotional/nervous	N/A	15
— drug/alcohol	N/A	21
— both	N/A	4
Some physical disability/mobility impairment	N/A	39

[40] Statistics Canada, Health Canada and Canadian Institute for Health Information, *Statistical Report on the Health of Canadians*. Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health, p. 219, 1999. Self-rated health status reported is for Canadians age 12 and over.

3.5 Sub-groups

Table 12 shows a selection of demographic and health data for various sub-groups of Vancouver SRO residents, using the 1991 data.

Table 12: Vancouver SRO resident sub-groups 1991

Characteristics	Women	Aboriginal	Over 45	Youth*	All SRO residents
Proportion of population	18 per cent	19 per cent	52 per cent	16 per cent	100 per cent
Average age	46 yrs	43 yrs	N/A	16–26 yrs	47 yrs
Male	0	75 per cent	85 per cent	68per cent	82 per cent
Disabled	39 per cent	50 per cent	45 per cent	N/A	39 per cent
Visit doctor in prev yr	94 per cent	N/A	70 per cent	N/A	N/A
Medical coverage	86 per cent	81 per cent	93 per cent	N/A	70 per cent
Health status — exc or gd	N/A	48 per cent	55 per cent	N/A	60 per cent
Hospitalized for drug or alcohol problems	N/A	44 per cent	21 per cent	N/A	21 per cent

*Downtown South area hotels only

According to 1991 data, women SRO residents were more likely to have medical coverage and to have visited a doctor in the last year. Compared to all SRO residents, Aboriginal residents were younger, had poorer health status, and were more likely to be disabled and to have been hospitalized for substance misuse. Residents over 45 years comprised more males, and were more likely to be disabled and to have medical coverage than the SRO population as a whole. Little is known about youth living in SROs except that the proportion of males was smaller (68 per cent) compared to the rest of the SRO population (82 per cent).

3.6 Trends in the 'At Risk' Population

The following trends in the 'at risk' population are based on census data and the 1999, 1991 and 1986 Vancouver SRO resident survey results.

- The proportion of British Columbia tenant households paying 50 per cent or more of their income for rent increased by 6 per cent from 1991 to 1996.
- Of those communities reviewed, Nelson and Kamloops experienced the most rapid growth (14 per cent and 10 per cent respectively) in the proportion of tenant households paying 50 per cent or more of their income for rent between 1991 and 1996.
- The 15 to 35 year age group grew significantly from about 17 per cent of the Vancouver SRO population in 1986 to 38 per cent in 1999.

- The proportion of SRO residents over age 55 declined from 46 per cent in 1986 to only 13 per cent in 1991.
- The proportion of Aboriginal residents living in Vancouver SRO hotels was 16 per cent, up from 12 per cent in 1986.
- There were more single person SRO households (95 per cent) and fewer shared households (5 per cent) in 1999 than in 1986.
- In 1999, 24 per cent of Vancouver SRO residents rated their health as excellent or very good, compared to 17 per cent in 1991. This is likely due to the increasing proportion of younger adults in the SRO population today.

4 Comparison With Other Provinces

4.1 The Homeless

There have been improvements in recent years in our ability to measure and describe the homeless population in major Canadian cities, in particular, our ability to measure the number and characteristics of distinct shelter users over a certain time period, as opposed to point in time measures. This is true for Toronto, Calgary, Montreal and Quebec City, but not for Vancouver and other British Columbia cities. While several British Columbia shelters maintain detailed client records and are able to produce comprehensive longitudinal data on individual clients, the shelter system as a whole in British Columbia is not able to do so.[41] The City of Vancouver does carry out periodic homeless counts based on staff walkabouts and the November, 1999 snapshot filled a gap in our knowledge about the homeless in British Columbia, specifically shelter clients. But we know less about homelessness here than in other provinces.

Despite recent developments in homelessness data collection across the country, there remains a remarkable variety in the type of data and frequency of collection, so that comparison among cities and provinces is difficult. One bright light on the horizon from a comparative point of view, is the introduction of the Homeless Individuals and Families Information System (HIFIS) by CMHC. It will allow agencies to collect information that will provide longitudinal, multi-locational and unduplicated data on homeless shelter clients over time. It is expected to be operational sometime in 2001.

Comparing homelessness in different places across the country is difficult due to varying definitions, geographical scope, and program and administrative differences. For this reason, observations must often be qualified. The following is a limited comparison of the homeless situation in British Columbia with Alberta, Ontario and Quebec using the best available published information and the British Columbia snapshot. Care has been taken to focus on data elements that employ common terminology, definitions and time frames, where possible. If this is not possible, variations are noted. The comparison is usually made among cities, not provinces, as most data is available on a city or metropolitan basis. Detailed information about the profile of homelessness in Alberta, Ontario and Quebec is contained in the Background Report, Volume 4.

[41] This possibility was explored with the former Ministry of Human Resources.

4.1.1 The Count

There is a good estimate of the number of homeless on any one day in the City of Vancouver (600 to 1,000 people). Of this, 300 to 400 are shelter clients — the rest are sleeping 'rough.' Compared with point in time shelter estimates from other cities[42] shown in Table 13, Vancouver is in a similar range.

Table 13 shows point prevalence (point in time) and annual prevalence (distinct clients over one year) for eight major Canadian cities. The 1996 Census Metropolitan Area (CMA) population for each city is also provided for context. Vancouver has the smallest shelter population of all major cities (Toronto, Calgary and Edmonton) when comparing point prevalence figures. Viewed on a per capita basis, comparing the number of unique shelter clients in one year to the 1996 CMA population, Victoria and Toronto have the highest ratios (.007 and .006 respectively). The remaining cities range between .005 to .002 shelter clients per capita. Annual prevalence figures are not available for Vancouver.

Table 13: Point and period prevalence estimates of shelter clients in Canadian cities

City and year data collected	Point prevalence[43]	Annual prevalence[44]	Per capita annual prevalence* per cent	1996 CMA population
City of Vancouver — 1998	300-400	N/A	N/A	1,831,665
City of Victoria[45] — 1997	N/A	2050	.007	304,287
City of Toronto — 1996	3136	25911	.006	4,263,757
Regional Municipality of Ottawa-Carleton — 1999	513	5291	.005	1,010,498
City of Calgary — 1998	910	3800[46]	.005	821,628
City of Edmonton — 1999	836	N/A	N/A	862,597
Montreal Regional Health and Social Services Board — 1996/7	N/A	8253	.002	3,326,510
Quebec City Urban Community — 1996/7	N/A	2118	.003	671,889

Source: Background report, Volume 4
***using 1996 CMA population**

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[42] Most cities in the table refer to the actual city, not metropolitan area. However, Ottawa refers to the Regional Municipality of Ottawa Carleton. The Montreal and Quebec City counts were both based on regional boundaries.

[43] Refers to a count of shelter clients on one day.

[44] Refers to the number of unique individuals who are homeless over a certain period, in this case, 1 year.

[45] City of Victoria, Community Development Division, Homelessness in Victoria — Fact Sheet, no date.

[46] Calgary figure has been annualized.

4.1.2 Trends

A longer time horizon shows that:

- Toronto hostels served 19 per cent more individuals in 1996 compared to 1988;
- Ottawa shelters showed an 18 per cent increase in the number of distinct individuals using the shelters since 1996; and
- Point prevalence measures of shelter clients in Calgary increased 130 per cent between 1992 and 1998 (partly due to new capacity).

"Stable" may best describe the situation in Montreal where 1996–1997 figures are approximately the same as 1988–1999 figures. The lack of longitudinal data in Vancouver, Quebec City and Edmonton hampers analysis of trends in the size of the homeless population in these cities. However, the increasing number of 'turnaways' at two Vancouver area shelters (86 per cent over five years) indicates a growing number of people seeking shelter accommodation in these specialized shelters that serve high risk populations.

4.1.3 Characteristics

The following is a discussion of the differences and similarities in the characteristics of shelter clients across Canada with the caveat that who stays in the shelter system is governed by shelter capacity for particular client types. This may vary by province. Youth and women are thought to be under-served in the existing shelter system in British Columbia, and therefore, shelter client data likely underestimates these sub-groups. This is also the situation for Aboriginal people who tend to prefer Aboriginal-operated facilities, of which there are few. Where possible, comparisons are made using annual prevalence data, not point in time data.

The gender balance of shelter clients is heavily weighted in favour of males, with all cities reporting a majority of males, between 63 per cent (Toronto) and 86 per cent (Calgary). Vancouver has one of the highest proportions of males among its shelter clients at 81 per cent. Women represent an increasing percentage of shelter clients in Toronto (from 24 per cent in 1988 to 37 per cent in 1995–1996) and Montreal. Calgary appears to have a growing proportion of males among homeless shelter clients (from 75 per cent in 1994 to 86 per cent in the 1998). In Ottawa, the number of males is growing faster (15 per cent between 1996 and 1998) than the number of females (no growth). Again, the extent to which shelter facilities and/or beds are available for women affects the count of women in shelters across the country.

Table 14: Gender

City	Males per cent
Lower Mainland — 1999	81
Victoria	N/A
Toronto — 1996	63
Ottawa — 1999	67
Calgary — 1998	86
Edmonton — 1999	73
Montreal — 1996–1997	74
Quebec City — 1996–1997	78

Source: Background Report Vol. 4

Shelter clients are generally younger than the traditional stereotype. For those cities included in this study, the largest proportion of homeless people is between the ages of 25 and 44 years (roughly 50 per cent if different age groupings are considered), with an average age in the late 30s.

Table 15: Age

City	25–44 years per cent	children (under 18) per cent
Lower Mainland 1999	50	8 (under 19)
Victoria — 1997	55 (18–44)	7 (under 20)
Toronto — 1996	45	21.8
Ottawa — 1999	61.1 (men)	18
Calgary — 1998	60.9	7
Edmonton — 1999	67 (19–54)	23
Montreal — 1996–1997	67 (30–44)	4.6
Quebec City — 1996–1997	42.5 (30–44)	11.7

Source: Background Report Vol. 4

Children and families are more likely to be clients of shelters in some cities. Edmonton (23 per cent), Toronto (21.8 per cent over a nine year period), and Ottawa (18 per cent) stand out in this respect. Whether this reflects an actual incidence of homelessness among this group or an increased visibility due to service provision is unclear. In Vancouver, Calgary and Montreal, children less than 18 years form a small proportion of the shelter population (8 per cent, 7 per cent and 4.6 per cent respectively).

Caucasians represent the majority of the shelter client population. People of Aboriginal ethnicity represent a significant percentage of the homeless population in Edmonton (42 per cent) and Calgary (18.4 per cent). In the Lower Mainland, the figure is 13 per cent. Of concern is the fact that Aboriginal people tend to be over-represented in the shelter population. Even in places with a small proportion of Aboriginal people among shelter clients, like Toronto, they are still over-represented. Toronto and Montreal also have an over-representation of black people among the shelter population.

Table 16: Ethnicity

City	Aboriginal shelter clients per cent
Lower Mainland — 1999	13
Victoria	N/A
Toronto — 1996	5
Ottawa	N/A
Calgary — 1998	18.4
Edmonton — 1999	42
Montreal — 1991	2.6 (incl. other)
Quebec City	N/A

Source: Background Report Vol. 4

Some shelters record the immediate reason for shelter use, e.g. eviction or re-locating, while others record the underlying reason for homelessness, for example, drug or alcohol misuse. Table 17 shows the major reasons are: out of funds/financial; new arrival; jobless; and family conflicts. In Ottawa and Montreal, reasons for use are only available for family and youth shelters respectively, so data is not comparable. Consistent reporting and coding of this variable is of enormous importance for policy and program development.

Table 17: Reason for admission

City	Major reason for admission to shelter	Per cent
Lower Mainland — 1999	Out of funds	3
Victoria — 1997	Financial	38
Toronto — 1996	New arrival	30.7
Ottawa — 1999 (family only)	New arrival	24
Calgary — 1998	Jobless	63
Edmonton	N/A	N/A
Montreal — 1991 (youth only)	Family conflicts	58–75
Quebec City	N/A	N/A

Source: Background Report Vol. 4

Whether viewed and/or recorded as a reason for admission to shelter, or separately as a health issue, mental illness affects between 18 per cent to 26 per cent of the shelter clients in those Canadian cities that have attempted to measure its incidence. Separate figures for adult men and women in Toronto suggest a much higher rate of mental illness for women (80 per cent) compared to men (35 per cent). According to the British Columbia snapshot, 22 per cent of Lower Mainland shelter clients have a mental illness. Figures are not available for Edmonton or Quebec City, and Ottawa and Calgary provide estimates only.

Table 18: Selected health conditions

City	Shelter clients with mental illness per cent	Shelter clients with substance misuse per cent
Lower Mainland — 1999	22	33
Victoria — 1998	18	24
Toronto — 1996	80 adult women 35 adult men	N/A
Ottawa — 1999	N/A	30
Calgary — 1997	N/A	34
Edmonton	N/A	N/A
Montreal — 1991	26.3	41.2
Quebec City (available 2000)	N/A	N/A

Source: Background Report Vol. 4

Substance misuse affects a large proportion of shelter clients in Canadian cities, ranging from 24 at one Victoria shelter to 41 per cent in Montreal area shelters. Thirty three per cent of Lower Mainland shelter clients are affected. We could find no estimate of substance misuse for Toronto. The incidence of dual diagnosis among British Columbia shelter clients ranges from 10 per cent to 17 per cent. Some cities (Ottawa, Montreal) indicate that a portion of those with mental illness also suffer from a substance misuse problem although figures may not be available.

4.2 Households at Risk of Homelessness

The number and proportion of households paying 50 per cent or more of their income toward rent is one way of estimating the number of households 'at risk' of homelessness. It is used here to discuss the relative situation in each province.

Table 19 shows the number and proportion of tenant households in seven major cities paying more than 50 per cent of income to rent (also called shelter to income ratio or STIR). Toronto follows Montreal in terms of number of households at risk in 1995. The proportion of tenant households paying 50 per cent or more of income to rent increased between 1990 and 1995 in the major cities of all four provinces. The most dramatic increase occurred in Toronto, where the percentage of households paying 50 per cent or more increased from 15 per cent to 22 per cent of all tenant households, up 61 per cent. However, Vancouver and Montreal have the highest percentage of renter households who are 'at risk' of homelessness (24 per cent of all tenant households in both cities). These cities also experienced a 45 per cent increase between 1990 and 1995 in the number of renter households 'at risk' of homelessness. Both Vancouver and Montreal had the highest proportion in 1990 as well, at 18 per cent, so they have been facing this situation for some time. Calgary and Edmonton have the smallest proportion of tenant households above 50 per cent STIR, and also exhibited the least growth in this population between 1990 and 1995.

Table 19. Number and proportion of tenant households paying 50 per cent or more of income to rent

Location — CMA	1990		1995		Change in absolute numbers
	No.	Per cent	No.	Per cent	Per cent
Vancouver	45,615	18	66,255	24	45
Toronto	82,865	15	133,195	22	61
Ottawa	21,975	14	33,155	21	51
Edmonton	18,845	15	20,870	19	11
Calgary	16,005	15	17,715	17	11
Montreal	114,735	18	163,415	24	42
Quebec	18,680	16	26,975	22	44

Source: F.M., National Housing Policy Options Paper. June 1999

5 Public Policies Affecting Homelessness

5.1 Introduction

The literature identifies many factors that contribute to homelessness. These include:

- increasing poverty due to changes in the labour market, declining incomes, changes in Employment Insurance, and a diminishing social safety net;
- an insufficient supply of affordable housing;
- a lack of community supports and discharge planning for people who have been deinstitutionalized or released from a correctional facility;
- breakdown of family and social networks, including domestic violence, physical and sexual abuse, and the alienation of individuals from family and friends; and
- reliance on emergency and "survival" services such as,shelters and food banks rather than programs aimed at preventing homelessness.

Individual factors, such as mental illness, developmental disabilities, alcohol and substance misuse, or the inability to maintain social relationships have also been cited as reasons for individuals becoming homeless. However, caution has been expressed against attributing too much weight to personal issues, as these may be the result of economic and health, social services and correctional system changes that start people down the path towards homelessness as opposed to being the causes of homelessness.[47] A conceptual framework which offers a synthesis of the major contributors to homelessness was put forward in Section 1.

Many of the issues identified above may be either directly or indirectly affected by government policies. This section of the report reviews key federal and British Columbia government policies that are relevant to homelessness. More specifically, an attempt is made to determine how these policies affect homelessness in British Columbia by identifying both positive measures and service gaps. At the federal level, the focus is on social, housing, employment insurance and immigration policies. At the provincial level, policies and programs most directly related to homelessness including housing, emergency shelter, income support, mental health, substance misuse, and discharge planning for people who have been released from correctional facilities are reviewed. Municipal policies are also briefly examined from the perspective of their role in preventing or alleviating homelessness. These policies are first placed in a context of larger economic and societal trends that can contribute to an increased risk of homelessness and homelessness itself.

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[47] Carter, Tom, *"Review Essay: Perspectives in Homelessness — Characteristics, Causes and Solutions." Housing Studies,* Vol 13, No.2. 1998, p. 275–281.

5.2 Economic Trends and Federal Policies

What follows is a brief description of the macro-economic trends affecting the Canadian economy over the past several years, with an assessment of the implications for homelessness. Trends in government policy and in society also play a role in creating an environment where homelessness is created and maintained.

5.2.1 Economic Trends

Along with the United Kingdom, United States, Australia and New Zealand, Canada has experienced globalization of the economy and a significant restructuring of the labour force. There has been a decline in manufacturing and clerical jobs as a percentage of the market, and an increase in the personal and business service sectors. There has also been increased automation, and growth in part-time, low-paid employment, unskilled service sector jobs, and a streamlining of firms, accompanied by lay-offs and redundancies. In British Columbia, where resource industries used to be the foundation of the economy with well-paying jobs, significant changes have occurred resulting in fewer of these jobs. The working poor have been "squeezed out and down the social and economic ladder." The jobs the unskilled worker once depended on have disappeared.[48]

In the past, poverty has usually followed a predictable pattern — it would increase during a recession (e.g. 1983) and decrease during periods of economic growth (e.g. between 1983 and 1989). This trend continued during the early 1990s. However, the pattern changed in 1995. Even though Canada was in the middle of an economic recovery, there was increased poverty.[49] A Canadian study, which examined the relationship between economic performance and low-income reduction, found that this relationship weakened for all family types after 1980.[50]

As can be seen in Table 20, despite the boom of the late 1980s and the recently improving economy, the depth of poverty in Canada has increased. The poorest one-fifth of families has suffered the most. Only the highest income families have benefited from higher market (disposable) incomes. This situation has created growing inequality between rich and poor.

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[48] Carter 1998.

[49] City of Toronto, Interim Report of the Mayor's Homelessness Action Task Force, *Breaking the Cycle of Homelessness*, July 1998.

[50] Myles Zyblock and Zhengxi Lin, *Trickling Down or Fizzling Out? Economic Performance, Transfers, Inequality and Low Income*, Statistics Canada.: Ottawa, 1997.

Table 20: Change in families' average market income 1980 to 1996 (constant $1996)

Quintile	Income Range	Average Income 1980	Average Income 1996	Change per cent
Lowest 5th of families	Below $25,821	$9,729	$7,721	-20.6
Second lowest 5th of families	$25,821–$41,151	$31,722	$25,484	-19.7
Middle 5th of families	$41,152–$57,793	$47,948	$43,375	-9.5
Second highest 5th of families	$57,794–$80,000	$64,366	$63,272	-1.7
Highest 5th of families	Over $80,000	$103,723	$110,091	6.1

Source: Statistics Canada (1998) Income After Tax, Distribution by Size in Canada as found in Mendelson Associates Inc. 1998 p. 7

The decline in household incomes is one of the key reasons why increasing numbers of renter households are experiencing housing affordability problems. CMHC estimates that 1.15 million renter households in Canada were in core need[51] in 1996. This is approximately one-third more households compared to 1991.

From 1982 to 1996, the proportion of renter households who were employed fell steadily. In addition, the proportion of renters who reported that they had not worked in the past year increased from 24 per cent to 33 per cent of all labour force participants. The proportion working full-time dropped from 70 per cent to 56 per cent. Those working part-time increased from 6 per cent to 11 per cent.[52]

The changing labour market has contributed to increased reliance on transfer payments such as income support, employment insurance and pensions. From 1982 to 1996, the proportion of renters reporting government transfer payments as their main source of income increased from 19.5 per cent to 32.3 per cent. As their ability to rely on work and investment income declined, an increasing proportion of renters fell below Statistics Canada's Low Income Cut-offs (LICO).[53] Others factors that may have contributed to this trend include home ownership incentive programs, such as 5 per cent down payments and RRSP contributions, attracting some renters with higher incomes.

[51] A household in core need is a household whose housing circumstances falls below one or more of the standards for adequacy, suitability and affordability, and who would have to spend 30 per cent or more of their household income to pay the average rent of their alternative local market housing that meets standards. (Canada Mortgage and Housing Corporation, Research & Development Highlights, Issue 39, 1998).

[52] CMHC 1998.

[53] LICOs constitute income cutoffs that have been developed to identify households that would have to spend approximately 20 per cent more of their income than would the average Canadian household to acquire the basic necessities of food, shelter and clothing.

In 1996, approximately 58 per cent of all households dependent on government transfers were in core need, compared to 15.7 per cent of those relying on salaries or investment income. For single parents, approximately 75 per cent of those in receipt of transfer payments were in need. The average income of renters in core need in 1996 was $14,600 compared to $40,300 for those not in need. The average shelter cost-to-income ratio (STIR) was close to 50 per cent for those in need compared to 19.9 per cent for those not in need. The payment of 50 per cent or more of income for rent is a situation that puts households at risk of homelessness.

5.2.2 Social Policies

One of the most significant social policy changes to occur at the federal level in the last 10 years was the replacement of the Canada Assistance Plan (CAP), with the Canada Health and Social Transfer (CHST) in April 1996. The CHST replaced federal transfers for income support and social services that had been provided under CAP, and funding for health and post-secondary education under the Established Programs Financing (EPF) agreement, with a single, substantially smaller block fund. The CHST has fewer federal conditions attached than the previous funding mechanisms. In addition, the amount of funding to be provided to the provinces was reduced. It is estimated that from 1996–1997 to 1999–2000, the total federal cash transfers for these policy areas will have been reduced by $7.4 billion, or 40 per cent.[54] This provides the context for recent provincial funding cutbacks in a number of social programs including income support and social services.

A number of concerns have been expressed regarding the impact of the CHST on the social safety net for Canadians:

- The substantial and continual decline in federal social transfers has placed and will continue to put pressure on provincial governments to cut income support rates for basic needs and special assistance.
- The move from a cost-sharing arrangement with matching federal funds to a block fund provides less incentive for the other levels of government to support and develop income support and social services.
- The block funds do not need to be targeted to social programs. The only one of five principles retained under CAP is that there be no minimum residency requirements to access income support. With this the only requirement left, there is a fear that provinces will face pressures to reduce support for income support programs by altering eligibility requirements, reducing benefit levels, or both.

[54] This section relies heavily on an analysis by Michael J. Prince, *"Holes in the Safety Net, Leaks in the Roof: Changes in Canadian Welfare Policy and Their Implications for Social Housing Programs," Housing Policy Debate*, Volume 9, Issue 4, Fannie Mae 1998.

- CAP was an open-ended matching program, which meant that the federal government would share the costs of increasing income support caseloads during an economic downturn. Because CHST is a closed-ended block fund, it will not reflect the need to respond to the cyclical nature of income support expenditures. This will result in increased financial pressure on provincial governments in the next recession.

- CAP was the primary national vehicle for addressing the housing needs of low-income households in Canada. More than half of the direct expenditures on housing has been through the shelter component of income support programs. There is concern that the amounts provided for shelter through income support will be reduced. "Cutbacks to already inadequate shelter allowances in income assistance means further hardship for thousands of Canadians."[55]

Prince, in his analysis of the implications of the CHST, states that with the end of CAP, federal leadership in income support is effectively dead. This is important because income support has become an increasingly significant part of the Canadian social security system. The proportion of Canada's population reliant on income support rose from under 6 per cent in the early 1980s to nearly 11 per cent in the mid-1990s. A disproportionate number are Aboriginal people, women with children, and people with disabilities. Under recent income support reforms, in most provinces, single persons and people categorized as "employable" have had their benefits, including assistance for shelter, reduced. Families with children and people with disabilities continue to struggle with inadequate assistance and supports. These trends, and the inability of the federal government to exert leadership in the area of social policy may have serious consequences regarding increased homelessness, unless other measures are taken to address this problem.

5.2.3 Housing Policy and Programs

The federal government has played an essential role in housing since it established Canada Mortgage and Housing Corporation in 1946. Some of the key areas of involvement have included supporting a viable private housing market, improving access to home ownership (e.g. mortgage insurance), funding the development of a significant stock of social housing, funding rehabilitation programs to preserve the aging housing stock, supporting urban renewal and neighbourhood revitalization efforts, and providing research into building techniques, market research and policy issues. Recent initiatives intended to assist in the creation of affordable housing include the Affordability and Choice Today (ACT) program[56] and Homegrown Solutions.[57] The Canadian

[55] Prince, p. 831.

[56] ACT provides grants to builders, housing groups and municipalities to assist them in regulatory innovation and developing alternative housing forms. Partners in the delivery of this program include FCM, CHBA and CHRA (CMHC, 1998).

[57] Homegrown Solutions funds demonstration projects to help house youth, Aboriginal people, the homeless, people with disabilities and low-income households. Partners in this program include the Cooperative Housing Federation of Canada (CHF), FCM, CHBA and CHRA.

Centre for Public-Private Partnerships in Housing also encourages community-based partnerships to create affordable housing through innovative financing arrangements. This report focuses on the federal initiatives most directly targeted to low- and moderate-income households and to helping the homeless.

Social Housing Supply Programs

The non-profit housing program was the main federal housing supply program for most of the 1980s and 1990s. Many provinces relied solely on this program as a source of new affordable housing. This program reflected a change in federal policy away from public housing to rely on non-profit and co-operative housing groups as the main delivery agents for social housing. Under the program, eligible projects received NHA-insured loans from approved lenders for up to 100 per cent of approved capital costs. The federal government provided annual contributions equivalent to the write-down of the mortgage interest rate to as low as 2 per cent.

In 1986, the federal government transferred responsibility for the delivery of its non-profit programs to the provinces. These programs were now cost-shared with the provinces according to joint federal-provincial agreements, with provincial contributions ranging from 25 per cent to 55 per cent.

Social housing commitments in Canada ranged from a high of 23,000 to 31,000 units per year between 1978 and 1985, and 15,000 to 19,500 units between 1986 and 1991, before dropping to 8,400 units in 1993. By 1994, CMHC had a stock of more than 661,000 units of social housing in some 50,000 projects managed by provincial and municipal housing agencies, or by local non-profit organizations, co-operatives, Urban Native groups and First Nations.[58] A portion of these units were targeted to special needs groups and used to provide emergency housing.

CMHC's 1992 annual report stated that *"without access to decent, affordable housing for all Canadians, regardless of where they live, we cannot hope to achieve our goals of good living environments and sustainable communities. As such, responsibility for providing assistance to needy households must be shared among the various levels of government."* Notwithstanding this statement, the 1993 federal budget cancelled all new commitments for social housing programs, except for on-reserve housing, effective January 1, 1994.[59]

This decision is believed by the Mayor's Homelessness Action Task Force and others to have had a devastating effect on the ability of communities to address housing needs across the country and is seen as a primary factor in the growing shortage of affordable housing.[60]

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[58] Canada Mortgage and Housing Corporation, *Annual Report*, 1994.

[59] Canada Mortgage and Housing Corporation, *Annual Report*, 1993.

[60] City of Toronto, Report of the Mayor's Homelessness Action Task Force, *Taking Responsibility for Homelessness*, January 1999.

In British Columbia, the cancellation of the federal/provincial non-profit, federal co-op and urban native programs meant that about 11,000 fewer housing units were built in the province, based on previous federal program commitments. BC Housing's waiting list for social housing increased by about 50 per cent since the federal withdrawal, and now totals 10,500 households. This does not include those on separate waiting lists maintained by non-profit societies and co-ops.[61]

Residential Rehabilitation Assistance Program (RRAP)

During the 1980s, funding for the Residential Rehabilitation Assistance Program (RRAP) was steadily reduced. The purpose of this program was to aid in the repair of substandard housing by providing loans to homeowners, landlords that charged CMHC approved rents, Aboriginal people on reserve, and disabled people. In 1989, the Federal Budget eliminated Rental RRAP, and the 1993 budget announced that no further commitments would be made after January 1, 1994. However, early in 1994, the federal government announced the reinstatement of $100 million over two years for RRAP and the Emergency Repair Program.[62] Funding was also made available to landlords for upgrading, to minimum health and safety standards, rental and rooming house units occupied by low-income households. Funding is still available through RRAP in the form of forgivable loans to improve the health and safety of the homes belonging to or rented to people with low incomes. In 1998, CMHC provided $250 million over five years to improve the housing stock in Canada and added $50 million for housing renovations with a priority for homeless people and those at risk of becoming homeless.

In British Columbia, RRAP funding has been used to assist in upgrading the Sunrise and Washington SRO hotels purchased by the province in a partnership with the City of Vancouver and Vancouver-Richmond Health Board, as well as other SROs.

Homelessness Initiatives

Aside from the modest measures affiliated with the RRAP program to target people at risk of homelessness, there were no explicit federal housing policies or programs aimed at reducing or preventing homelessness until recently. In March 1999, the federal government appointed MP Claudette Bradshaw, the Minister of Labour, as the Federal Coordinator on Homelessness. This was the first time a Canadian federal cabinet minister has been given responsibility for addressing homelessness. The minister spent five months travelling across the country, touring homeless shelters and meeting with social agencies. A secretariat was also put in place to work on finding solutions to homelessness.

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[61] British Columbia Housing, *Homelessness, A Call for Action*, June 1999.

[62] ERP helps homeowners in rural and remote areas with grants for emergency repairs to make their homes safe.

In December 1999, the government announced a three-year $753 million initiative consisting of:

- more RRAP dollars;
- a Community Partnership Initiative focused on local strategies to prevent and reduce homelessness;
- enhancements to existing federal programs dealing with youth employment;
- shelters for victims of family violence and urban Aboriginal people; and
- $10 million to make surplus federal property available.

Capital funding may be available through 50 per cent matching funds and in-kind contributions.

5.2.4 Employment Insurance Policies

Reforms to Canada's Employment Insurance system have been cited as a factor contributing to lower incomes, poverty and homelessness. The latest package of Employment Insurance reforms was introduced in two stages. The first set of changes came into force on July 1, 1996, and the second set came into force in January 1997. According to the Canada Employment Insurance Commission, the new system was designed to:

- provide temporary income support to those who lost their jobs through "no fault of their own";
- place a greater emphasis on measures to help unemployed Canadians find, create, and keep jobs;
- encourage greater work effort while protecting those in need; and
- simplify the administrative processes for employers.

The program also faced budgetary requirements to reduce costs by at least 10 per cent and secure $1.2 billion in savings by 2001–2002.[63]

These reforms built on previous changes introduced in 1990, 1993 and 1994, which had been brought in to address federal budget deficits and concerns that the Unemployment Insurance program was undermining incentives to work. These reforms included:

- reducing total benefit payments by tightening entrance requirements, reducing the duration of benefits (by up to 15 weeks in 1990), lowering the benefit rates, and disqualifying workers who voluntarily quit their jobs without just cause; and
- placing greater emphasis on active measures to help people get back to work.

[63] Canada Employment Insurance Commission, *1998 Employment Insurance Monitoring and Assessment Report*, December 1998.

The new *Employment Insurance Act* of 1996 introduced the following fundamental changes:

- a family supplement for claimants in low-income families with children;
- eligibility based on the number of hours worked rather than number of weeks;
- tighter eligibility requirements for new entrants[64] and re-entrants to the labour market — 910 hours (26 weeks), instead of the 20 weeks needed prior to the reform. All other regular claimants need between 420 and 700 hours (the equivalent in hours of the previous 12–20 week entrance requirement);
- a reduction in the maximum number of weeks a claimant is eligible for benefits (lowered from 50 to 45 weeks); and
- a new rate calculation methodology that involves considering 55 per cent of average earnings over the last 26 week period instead of the last 20 weeks worked in the most recent 52 weeks.

The federal government committed itself to monitoring and assessing the impact of the Employment Insurance (EI) reforms on an annual basis until the year 2001. Based on the 1998 evaluation[65] between 1995–1996 (the last full year before EI reform) and 1997–1998 (the first full fiscal year after EI reform), the number of regular claims established dropped by 18 per cent. Alberta/NWT and Ontario showed the largest drops (30 per cent and 24 per cent respectively). Claims for regular benefits made by women dropped 20 per cent compared to 16 per cent for men. Young people under the age of 25 established 27 per cent fewer new claims for regular benefits than young people had before the 1996 reforms, compared to an 8 per cent decline for those 45–54 years old. The following reasons are given for the drop in claims by both women and young people:

- the economy improved during this period;
- women work fewer hours per week on average and as a result take longer to qualify for EI;
- young workers tend to change jobs more frequently than older workers and rely more on part-time employment. Low hours of work in these types of employment would cause declines in claims established; and
- many youth and women are new entrants and re-entrants to the workforce, and have likely been more affected by the higher eligibility requirements for EI.

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[64] New entrants are defined as those entering the labour force for the first time. Re-entrants are those who had minimal work experience in the last two years.

[65] Canada Employment Insurance Commission, 1998.

For the above noted reasons, it would appear that women and youth are more likely than other workers to be affected by these changes.

In the period under review (1995–1996 to 1997–1998), the amount of benefits paid out dropped by $2 billion, from approximately $12 billion to $10 billion. Average weekly benefit levels for all claims remained virtually the same, while the duration of benefit entitlement (weeks of benefits) increased slightly.

Changes to the unemployment insurance system have led to a dramatic decline in the number of British Columbia residents who qualify for insurance benefits. In 1992, 77 per cent of unemployed British Columbians qualified for insurance benefits. By 1997, that ratio had declined to only 49 per cent. Only 22 per cent of unemployed youth qualified for Employment Insurance in 1997.[66]

The provincial government has also noted that reforms to the federal unemployment insurance system prior to 1996 were having an impact on the province's income support caseloads.[67] One in six new income support cases involved an applicant whose UI benefits had run out, and many others were turning to income support because they did not qualify under the new UI rules.

On the other hand, the Canada Out-Of-Employment Panel (COEP) Survey of individuals who receive job separations drew two preliminary conclusions. First, there does not appear to be any evidence that the drop in consumption spending that follows the loss of a job was worse after the introduction of the EI reforms. Second, the survey shows that there was not much of a change in the proportion of COEP survey respondents who reported receiving income support following the loss of a job. If there were any changes, it was that fewer people reported receiving income support. Reasons were not given to explain the survey results, however, they may be due to an improving economy.[68]

5.2.5 Immigration Policy

The federal government has assumed most of the responsibilities for immigration in Canada, although this is an area of concurrent jurisdiction between the federal and provincial governments. In Quebec, the provincial government has taken over substantial responsibility from the federal government for immigration matters.

There are several different categories of immigrants. Immigrants to Canada may be eligible to move here on the basis of being able to provide an economic contribution to the country. For example, Canada may accept skilled workers and successful business persons. Canada may also accept

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[66] British Columbia Statistics, *Infoline Report*, Ministry of Finance and Corporate Relations, March 20, 1998.

[67] BC Benefits, *Renewing our Social Safety Net*, Province of British Columbia, 1996.

[68] Canada Employment Insurance Commission, *1998 Employment Insurance Monitoring and Assessment Report*, December 1998, p. 17. It should also be noted that the COEP Survey is conducted on behalf of Human Resources Development Canada by Statistics Canada.

immigrants on the basis of family reunification. Family immigrants are sponsored, and supported financially by immediate family members who are Canadian citizens or permanent residents in Canada.

In addition, Canada also fulfils its international humanitarian commitments by accepting a certain number of refugees each year. Some refugees are referred to as "government sponsored refugees." They are identified by the Canadian government and selected abroad for resettlement in Canada. Their circumstances may be such that they are living in refugee camps and cannot return to their own country. The Canadian government provides financial assistance to these refugees for food and shelter based on provincial income support rates. They also provide health care coverage, a start-up allowance for clothing and a bus pass.

Refugee claimants are those who arrive in Canada and seek Convention refugee status according to the United Nations' 1951 *Geneva Convention Relating to the Status of Refugees,* and its 1967 Protocol. Under the Convention, refugees are protected from returning to their countries if they would face persecution. The Canadian Charter of Rights and Freedoms allows anyone on Canadian soil the right to apply for refugee status (with few exceptions). During the period when refugee claimants are waiting for their claim to be determined, they may apply for provincial income support benefits. The federal government pays for health care until a decision is made about their claim.[69]

New immigrants to Canada face many difficulties. It is difficult for them to find affordable housing, particularly units that are large enough for their often larger families. For those who do not speak English or French, it takes more time to integrate into Canadian society. Many professionals arrive in Canada believing that they will be able to work in a position for which they are qualified. However, they face many barriers. Often, they need to re-qualify under Canadian or provincial guidelines. Difficulties may also be due to a lack of jobs for unskilled workers, racism, and other barriers to housing and employment.

In addition to these barriers, Mendelson argues that neither the federal government nor the provinces provide sufficient financial support for services to immigrants.[70] The result has been that poverty among immigrants has been increasing over the past seven years. Until 1989, the incidence of poverty among families headed by someone born in Canada was roughly the same as that for families headed by someone born abroad. Since 1989, however, poverty for families headed by non-Canadian-born residents increased much more rapidly than for families headed by a person born in Canada. In 1996, families headed by an immigrant had a poverty rate of 21.2 per cent compared to a poverty rate of 13.2 per cent for families headed by someone born in Canada. This is a big issue for Toronto, which is the main centre for

[69] Citizenship and Immigration Canada, online, http://www.cic.gc.ca

[70] Michael Mendelson et al., *Trends in Poverty and the New City of Toronto,* Report prepared for the Homelessness Action Task Force, July 1998.

immigration in Canada. In 1996, the Greater Toronto Area attracted 32 per cent of all immigrants in Canada compared to Vancouver 20 per cent, Montreal 10 per cent, and Edmonton and Calgary combined 5 per cent.[71]

Refugee claimants are most at risk of becoming homeless because most arrive in Canada with little or no money. Once they apply for refugee status, they are eligible to apply to the provincial government for income support. They may also apply for a work permit, although it could take up to a few months to receive one. In British Columbia, refugee claimants are eligible for hardship assistance through BC Benefits. This means that they receive the basic amount for support and shelter. They are not eligible for any additional assistance available to other British Columbia residents, such as access to training or child care, until their claim is successful. Nor do they have access to some of the additional benefits provided to government-sponsored refugees (e.g. Bus pass expansion).

There is little evidence that British Columbia has a large number of immigrant or refugees among its homeless population. The British Columbia shelter snapshot indicated there were few refugees among shelter clients on November 19, 1999 (although it is known they make use of shelter services).[72]

5.3 Provincial Policies

This section of the report reviews the provincial policies and programs most relevant to a discussion of homelessness in British Columbia, specifically housing, emergency shelters, income support, mental health, drug and alcohol treatment, child protection and discharge policies from correctional facilities. It examines how these policies either directly or indirectly affect people who are homeless or at risk of homelessness, with a focus on which and how people "fall through the cracks." Local government policies are also briefly reviewed. Before proceeding, it is important to note how the broader economic and social context plays a role in affecting the nature and extent of homelessness in British Columbia.

5.3.1 Housing Market Context

British Columbia's largest cities, Vancouver and Victoria, are unique among Canadian cities in consistently recording high housing prices, both ownership and rental, as well as a low rental vacancy rate over most of the 1980s and 1990s. Driving the housing market are broader economic and social trends including periods of high rates of in-migration. While these trends have recently moderated, this scenario prevailed for much of the 1990s. For example:

- There has been limited construction of new rental housing due to market factors;

[71] Mendelson et al. 1998.

[72] It did not specifically ask about immigrant status.

- From 1988 to 1996 the British Columbia rental vacancy rate was consistently below 3 per cent, often below 2 per cent and even 1 per cent. The rate was much lower in major centres like Vancouver where the vacancy rates was below 2 per cent for most of the period until 1998.

- Home ownership is the least affordable in Canada. Vancouver ranked lowest of all Canadian CMAs in terms of the percentage of renters who could afford to buy a starter home in 1998.

- In British Columbia, average rents experienced a modest increase for most suite sizes in 1998 compared to 1997. The biggest increases were found in bachelor units, which increased by 3 per cent in British Columbia and 4.6 per cent in Vancouver.

- In Vancouver, real average household income declined for both renters (by 11 per cent) and homeowners (by 10 per cent).

- There are 13,000 to 14,000 individuals living in SRO accommodation and rooming houses throughout British Columbia. In Vancouver, the SRO stock is decreasing due to demolition, redevelopment or conversion of the hotels to other uses such as tourist or backpacker accommodation. Between 1991 and 1996, 1,168 SRO units were lost in Vancouver. The construction of 760 non-market singles units in this period was not enough to offset these losses.[73] In British Columbia's interior, many SRO hotel residents must find other shelter during the summer when rooms are converted for use by tourists.

5.3.2 Housing Policies and Programs

Affordable and Special Needs Housing

Beginning in 1992, the British Columbia government began taking steps to address the withdrawal of federal funding for new social housing. The provincial government launched the Provincial Commission on Housing Options (PCOHO) "to recommend ways to meet British Columbia's housing needs within shrinking federal budgets and limited provincial and municipal financial resources." The provincial government has acted on many of the PCOHO recommendations by:

- developing an affordable housing strategy that addresses a wide spectrum of issues including ownership, rental and special needs housing;

- giving local governments tools to encourage more, and better, housing for low-income households; and

[73] City of Vancouver, *Low-Income Housing in the Downtown Core, 1998 Survey*. It should also be noted that since 1970, the City of Vancouver has lost over 6000 SRO rooms, at an average of 226 rooms per year. In the last 10 years, 1988–97, the City lost 1,194 rooms at an average of 119 per year. In the last 5 years, 1993–97, 664 rooms were lost, at an average of 133 rooms per year. (*SRO Conversion/Demolition Study for Downtown Vancouver, 1998–2011*, prepared for the City of Vancouver by Colliers International Realty Advisors Inc.)

➢ continuing to work with local governments, advocacy groups and communities to provide housing throughout the province.

HOMES British Columbia. One of the key provincial initiatives was the development of the HOMES British Columbia program, aimed at increasing the supply of affordable housing for families, seniors and those who are homeless or at risk of becoming homeless. This program was officially launched in 1994, although the province had begun to allocate provincially-funded units for non-profit housing as early as 1992 to address the decline in federal funding. Key components of this program include:

➢ *Non-Profit and Co-operative Housing* — creates mixed income communities and provides secure, affordable housing for families, seniors, and people with disabilities.

➢ *Supportive Housing for Seniors* — A new component for the 1999–2000 HOMES British Columbia program explores community initiatives that allow elderly people to remain living in their communities. The program is based on partnerships with health authorities, local governments, and community agencies.

➢ *Homeless/At Risk Housing (HARH)* — was introduced by the British Columbia government in 1992 to meet the needs of people who were falling through the cracks in the federal program. Since then, this initiative has been incorporated as a component of HOMES British Columbia. Homeless/At Risk Housing developments serve low-income people who have been homeless or who are at risk of homelessness and need program assistance to maintain their independence. These projects may be referred to as "second stage" housing. They may provide an intermediate stage of accommodation from short-term to fully-independent housing. Projects may also provide permanent housing for people who are able to live independently as long as they have access to support programs.

Eligible client groups include women and their children who have left abusive relationships and need counseling and assistance to re-establish themselves, and youth who have decided to end their 'street-involvement," but need support and assistance to make the transition. People with mental illness are also eligible if they are capable of living independently with regular support.

In 1999–2000, the HARH component of HOMES British Columbia was expanded to include projects that combine multi-serviced housing[74] and short-term housing within a single development or building. The aim is to provide increased flexibility for communities to respond to a wider range of housing needs among persons who are homeless or at risk of homelessness. Developments will include the necessary supports to help stabilize individuals who have been chronically homeless, within their housing community.

[74] Replaces the term 'second stage housing' to more accurately reflect the fact that it consists of housing with a service component.

The combination of short- and longer-term housing is intended to facilitate individuals moving from the street or shelter system to stable housing. It is also envisioned that these developments will contain the capacity for temporary shelter beds during the severe cold or wet weather.

➢ *The Community Housing Initiatives (CHI)* program is also part of HOMES British Columbia. One component of this program has involved providing grants to grass-roots societies working to identify and address their community's particular housing issues. A broad range of activities has been supported, from one-day workshops to year-long community development projects.

CHI grants are also allocated to nine regional housing centres across the province to support ongoing advocacy work that includes a range of housing-related services aimed at increasing access to affordable, adequate and appropriate housing options for renters. Some of the issues that CHI grants are used to address include the need for bylaws to permit secondary suites, standards of maintenance, and the protection of single-room occupancy and rooming house units.

➢ *Lower Income Urban Singles (LIUS)* — The British Columbia government has implemented a number of recommendations to address the needs of lower-income urban single people. There is recognition that many lower-income single persons are at risk of homelessness as a result of the conversion or demolition of SROs and rooming houses. In 1997 and 1998, HOMES British Columbia provided funding for some LIUS demonstration projects to develop replacement housing for this target group (e.g. small suites). In 1999, LIUS became a regular component of HOMES British Columbia. Examples of other initiatives include:

— The purchase of the Sunrise and Washington SROs through a partnership between the province, City of Vancouver, the Vancouver-Richmond Health Board, and the federal government (RRAP funding); and

— Legislative changes to the Vancouver Charter to permit the City of Vancouver to regulate the conversion and demolition of single room occupancy (SRO) hotels. (To date, the City has not implemented this amendment).

The provincial government has provided funding for the development of 4,733 units under HOMES British Columbia. In addition, in June 1999, the British Columbia Government announced that it would double its funding for new social housing over the next two years to provide 2,400 additional affordable housing units for low-income households and people with special needs. BC Housing attempts to lever unit allocations with contributions by local governments and non-profit groups, so that a unit allocation of 600 might actually produce 900 units.

Table 21. Units funded under provincially funded supply programs, 1992–1998

Type of Program	Number of Units
Non-profit and Co-op	3,298
Homeless-At-Risk	768
LIUS	667
Total Units	4,733

➢ *Shelter Aid for Elderly Renters (SAFER)* — BC Housing also administers the Shelter Aid for Elderly Renters (SAFER) program, a rent subsidy program. Since 1977, SAFER has provided financial support for lower-income seniors (over 60 years), living in private market rental units who pay more than 30 per cent of their income for rent. A sliding scale of assistance is available to make up the difference between 30 per cent of income and the rent, up to the maximum rent set for singles and couples.

Programs For Persons With Mental Illness

The following programs and initiatives are significant in helping to prevent homelessness among persons with mental illness. They ensure that individuals will retain their units during periods of hospitalization. They also provide support services and case management to avoid or minimize disruptions in housing resulting from episodic illness.

➢ *BC Housing Health Services Program* — This initiative was developed in 1990 to improve access to housing within BC Housing's directly managed portfolio for persons with severe and persistent mental illness. In return for the housing, the Ministry of Health provided funding for Community Health Services Consultants who are responsible for screening applicants, ensuring adequate support services are provided to clients, and providing training and guidance to BC Housing field staff. This program was awarded national recognition through the Clarke Institute of Psychiatry as a Best Practices Model. Between 1991 and 1997, this program placed over 300 people in BC Housing units. By 1997, 90 per cent were still living in the units, 20 per cent were working and 40 per cent were active community volunteers.

Under the new Mental Health Plan adopted in January, 1998, it was proposed that this program be expanded by 1,000 more units over six to eight years, and that partnerships be developed with non-profit housing providers. Approximately 200 units have been implemented as of October 2000.

- *Supported Independent Living Program (SILP)* — The SIL Program is a supportive housing program that enables persons with severe and persistent mental illness to live independently with the assistance of outreach support services. Under this program, clients are housed in private rental units, and receive a shelter differential that enables them to pay the market rent charged by the landlord, up to CMHC survey limits. BC Housing administers the shelter differential payments on behalf of health authorities, while non-profit societies are responsible for finding the housing and ensuring appropriate support services are available to clients, coordinated through the local Mental Health Centres. People who collect BC Benefits pay the maximum shelter allowance, less a rebate for their phone and utilities. Residents who do not collect BC Benefits pay 30 per cent of their incomes to rent. As of March, 2000 there are approximately 1,200 active SILP units province-wide.

- *Special Needs Housing and Group Homes* — BC Housing works in partnership with non-profit societies and support agencies to construct and operate purpose built housing for persons with mental illness. Housing for persons with mental illness includes society-led group homes (homes owned and managed by non-profit societies, but receiving subsidy from BC Housing), and Provincial Rental Housing Corporation led group homes (homes owned by the province, in which BC Housing provides property management services, while a group home operator administers client programs).

- *Federal/Provincial Rent Supplement Program* — Within the federal/provincial rent supplement program administered by BC Housing, a number of persons with mental illness are assisted to live in independent, self-contained units managed by non-profit societies and private landlords. These units are linked to support services delivered by non-profit organizations. The program provides a supplement to cover the difference between 30 per cent of the tenant's income and the approved CMHC market rent for the unit. Funding for this program is shared between the federal and provincial governments.

Single Room Occupancy Hotels (SROs)

The province's SRO stock (estimated at 13,000 to 14,000 units) is viewed as a critical, albeit often unsatisfactory resource for individuals at risk of homelessness. Recent provincial policy has generally been supportive of maintaining the existing SRO stock, although this has not been enough to prevent the loss of SRO units. (Between 1991 and 1996, 1,168 SRO units were lost in the City of Vancouver alone). In 1989, the provincial government extended protection under the *Residential Tenancy Act* to SROs, although issues continue regarding compliance and a lack of tenant awareness of their rights. A recent initiative aimed at improving housing quality and enhancing service provision to residents of SROs involved purchasing the Sunrise and Washington hotels in the Downtown Eastside and motels in Prince George and Kamloops. The provincial government

also provides funding for the Old Portland Hotel to ensure that it can continue providing housing and support services to those who have the greatest difficulty obtaining and maintaining housing. It has also enacted enabling legislation to permit the City of Vancouver to regulate the demolition and conversion of SROs.

Rent Protection

British Columbia has had a system of rent protection since 1995. There are no annual guidelines that restrict the amount permitted for rent increases, and landlords are permitted to raise the rent to an amount that tenants agree to pay. However, the rent protection system gives tenants an opportunity to have an arbitrator review a rent increase they feel is unjustified. During periods of rapid growth, and around special events such as EXPO 86, the issue of rapid rent increases arises in British Columbia, particularly in Vancouver and Victoria.

Youth Housing Initiatives

In addition to youth housing funded under HOMES British Columbia, a number of housing related initiatives for youth are presently under development. The provincial government is developing a youth housing strategy to address the special needs of this population. The Ministry for Children and Families, and BC Housing are working on a youth rent supplement initiative. This component is a Semi-Independent Living Program (SILP) which would provide supportive housing to enable youth to live independently with the assistance of outreach support services.

5.3.3 Emergency Shelter Policies

Responsibility for building and operating emergency shelters is shared among several ministries resulting in a fairly fragmented 'shelter policy.' The Ministry of Social Development and Economic Security (SDES — the former Ministry of Human Resources) provides emergency shelter to individuals and families with children. SDES funds 41 emergency shelters for a total of just over 700 beds province-wide. The Ministry of Health (through regional health authorities) provides funding or co-funding to a limited number of specialized housing resources and program support. The Ministry of Women's Equality serves women with or without children leaving violent relationships for safe houses and transition houses. The Ministry for Children and Families is responsible for emergency shelters for youth. These program ministries are responsible for identification and funding of special needs housing under their jurisdiction. Ministries enter into contracts with non-profit groups to provide emergency shelter services, rather than deliver contracts directly themselves. BC Housing is piloting several short term/multi-serviced housing projects under HOMES British Columbia. In addition, there were a limited number of emergency shelters funded under the federal/provincial 'special purpose' housing program.

Emergency shelters provide shared bedrooms or dorm-type sleeping arrangements with accommodation for up to one month. Some shelters, offer a higher level of support to individuals, an approach that is viewed as a model or best practice. This is accomplished with additional sources of funding, either through other government agencies or fund raising. For example, the Vancouver/Richmond Health Board provides nursing hours to Lookout and Triage. Some shelters have individual or dedicated single bedrooms. Families with children are most commonly served in a motel or similar accommodation, although there are specialized facilities in the Lower Mainland.

Ministry-funded beds are intended for BC Benefits program participants, who have first priority. People may stay for up to three days while they take steps to apply for assistance. Those who are not eligible for BC Benefits (e.g. in receipt of other sources of income such as EI or pension) have limited options regarding where they can stay. In the Lower Mainland, there is a cold/wet weather initiative that provides assistance to anyone in need of emergency shelter regardless of eligibility criteria for BC Benefits. In the majority of shelters, the maximum emergency shelter bedstay is 30 days at one time.

There are a limited number of youth shelters in the province. While they are a valuable resource, the difficulty from the perspective of some youth is that operators are obliged to inform parents/guardians that their child is staying in the shelter. This discourages some youth from accessing this accommodation.

Safe houses are homes for youth age 13 to 19 who have been sexually exploited, and require safe overnight accommodation. They may stay for up to one month. These facilities are quite distinct from emergency shelters. They are funded by MCF and operated by community agencies. There are a total of 58 spaces in British Columbia as of 1998, including those under development.[75] They are located in Vancouver, Kelowna, Prince George, Kamloops, New Westminster, and Victoria.

There is a range of specialized emergency accommodation for women and children leaving abusive relationships or homes. Transition houses provide temporary housing in a safe, secure environment for women and their children leaving abusive relationships. Accommodation and support is usually provided for less than a month. Both capital and program funding for Transition House Programs is the responsibility of the Ministry of Women's Equality. Safe homes provide temporary accommodation in communities where transition houses do not exist. The safe home may be a rental apartment, private home or hotel unit. In 1999, 43 British Columbia communities had this type of facility. There are 635 beds in transition houses in British Columbia funded by the Ministry of Women's Equality. There are also several houses for First Nations women funded by the federal government. BC Housing operates a priority placement program to assist women leaving a transition house to find affordable housing where it is available. Second-stage houses help women who have left abusive relationships make long-term plans for independent living. BC Housing has developed multi-serviced housing for this population. Women and their children usually stay in a second-stage house for nine to twelve months.

While no explicit policy concerning the development of all new shelters regardless of responsibility is evident, it appears that in British Columbia, the priority has been on developing longer-term housing (second stage and permanent housing) rather than emergency shelters.[76]

The most critical issue facing shelter providers is the trend to a growing number of clients with serious physical and mental health concerns, something they are not equipped, nor funded to handle. Among the difficulties this creates is a blockage of shelter beds. GVMHSS data on reasons for admission to Lookout and Triage emergency shelters show that a substantial and growing number of the clients is affected by substance misuse, either alone or in combination with mental illness. From 47 per cent in 1992–1993, the figure has risen to 70 per cent in 1998–1999. Other issues with the current shelter system include:

- a lack of resources for certain sub-groups, including the elderly;
- ministry-funded beds are intended for BC Benefits program participants, who have first priority;

[75] Paul Mulholland, MCF, Personal communication. Dec 7, 1999.

[76] We could obtain no historical figures to show trends in the number of shelter beds over time.

- increased number of requests for emergency shelters, usually made to BC Housing, the agency often perceived to be responsible for emergency housing;
- the growing number of turnaways at some shelters; and
- a lack of resources for clients with multiple needs as no one ministry possesses the clear mandate to respond.

5.3.4 Income Support

In 1996, the provincial government revised its income support program and introduced BC Benefits. One of the stated goals was to help people move from income support to work, while continuing to assist families with young children.

Eligibility

Changes to eligibility criteria introduced with BC Benefits may have made it more difficult for some people to obtain and maintain income support benefits, placing them at increased risk of homelessness. Individuals who find it difficult to participate in job search or training programs, such as youth or individuals with an untreated mental illness or addictions, are deemed ineligible for assistance. It should be noted that job search and training requirements do not apply to a single parent with at least one dependent child under seven years of age, or a child with a physical or mental health condition that precludes a single parent from leaving home.

Persons who quit their jobs or are dismissed for just cause are not eligible for regular assistance for 30 days. If they refuse to accept or pursue employment, they are not eligible until they do so. However, if they have children, they may be eligible for repayable hardship benefits.

Youth under 19 who are living away from home may be eligible for BC Benefits. The major difficulty for some youth is that the Ministry of Social Development and Economic Security will attempt to make contact with the parent or guardian to determine if the youth is welcome at home. If the parent says that the youth is welcome to live at home, he or she is not considered eligible for income support. Eligible youth are expected to follow the same application procedures as other employable applicants, and to participate in training and job search programs. In cases where there are child protection concerns for an applicant under 19 years of age, or the applicant is less than 17 years of age, a referral is made to a social worker at the Ministry for Children and Families.

An alternative to income support is the youth agreement implemented by the Ministry for Children and Families in 1999. This agreement provides an alternative to bringing some youth into care. They are intended for youth age 16 to 19 years living apart from their families, who are at some degree of risk, but do not require the full child protection response. It may consist of residential, education or other support services and/or financial

support. Some limitations to the youth agreement have been identified. Regional operations staff have identified a lack of safe, affordable housing as one of the critical barriers to the success of youth agreements. Currently, there is no ability to top-up shelter allowances in high rent regions. Again, the law requires that the parent or guardian be contacted, posing a concern for some youth.

Amount of Assistance

Under the revised rates issued in August 2000, the rates for single employable youth and adults was increased from a maximum of $500 per month to $510 per month. The rates for a sole parent with one child increased from $879 to $896.58, and those for a sole parent with two children increased from $969 to $986.58. While rate changes may not have reduced the incidence of homelessness, they represent a recognisation that income support plays an important role in reducing the risk of homelessness.

Table 22: BC Benefits rates, August 2000

Household Type	Basic benefit	Shelter maximum	Total*
Single Employable	$185	$325	$510
Single Disabled Level I	$282.92	$325	$607.92
Single Disabled Level II	$461.42	$325	$786.42
Sole Support Parent and 1 child	$376.58	$520	$896.58
Sole Support Parent and 2 children	$376.58	$610	$986.58
Employable Couple and 2 children	$401.06	$650	$1,051.06

Source: British Columbia Ministry of Social Development and Economic Security
*Families with children under 18 are also eligible for a Child Tax Benefit of up to $106.83 per child per month.

Table 23: BC Benefits and average market rents 2000

Family type	Total Benefits	Shelter Component	Household Size	Suitable Unit	Avg British Columbia Market Rents*	Rent as per cent of income	Rent as per cent of shelter max
Single	$510	$325	1	Bachelor	$552	108	170
Single Disabled Level I	$607.92	$325		Bachelor	$552	91	170
Single Disabled Level II	$786.42	$325	1	Bachelor	$552	70	170
Single parent and 1 child	$896.58	$520	2	2 Bedroom	$753	84	143
Single parent and 2 children	$986.58	$610	3	2 Bedroom**	$753	76	123
Couple and 2 children	$1,051.06	$650	4	3 Bedroom**	$845	80	134

*Based on British Columbia 2000 Rental Market Report, CMHC
**Depends on age and sex of children

Table 23 shows the percentage of income a household in 2000 was required to pay for an average-price unit on the private market based on basic benefits and the maximum permitted for shelter. As can be seen, single people were the most vulnerable. Families with children were paying between 76 per cent and 84 per cent of their incomes for rent or between 122 per cent and 143 per cent of the shelter component for rent. The situation would be worse in areas of the province where rents are higher since the maximum shelter rate does not take regional housing market differentials into account. In every case, as shown below, rent levels are significantly higher than the maximum shelter rate, resulting in situations where the individual must use a portion of the support component of income support to pay the rent. An insufficient shelter maximum means people will rent SRO units which provide inadequate shelter, where they are vulnerable to drug dealers, and leaves very little left over for non-shelter expenditures. Or households will rent units that cost more than the shelter maximum, requiring them to use their basic support amount for rent with very little left over for non-shelter expenditures. In both cases, with such a high proportion of income dedicated to housing, these households are vulnerable. Small changes such as an emergency expenditure can trigger rental arrears and possibly eviction. It is, however, recognized that an increase in the shelter component would not benefit recipients if landlords increased rents accordingly.

Security Deposits

Under BC Benefits, payment for security deposits may be issued to assist people to rent a home. This is an important aspect of the program. In other provinces where income support does not provide funds for security deposits, this has been found to be a major barrier to accessing housing. It should be noted, however, that payments for security deposits issued on or after August 1, 1997 are to be repaid whenever a tenancy ends, a subsequent deposit is issued, or the recipient's file is closed.

Direct Payment of Rent to Landlords

Arrangements where income support agencies pay rent directly to landlords may help ensure stable housing for people who would otherwise be unable to pay rent regularly and would therefore be at risk of losing their housing. This approach is used to assist British Columbia households who have demonstrated difficulty in paying their rent on time.

5.3.5 Mental Health Policies and Programs

According to the British Columbia Shelter Snapshot, persons with mental illness are a significant component of the homeless population, comprising about 22 per cent of shelter clients in British Columbia. A brief review of significant provincial mental health policies and programs as they affect homelessness or those at risk of homelessness among individuals with a mental illness is presented here.

Broad policies and standards for adult mental health in British Columbia are within the mandate of the Ministry of Health, Adult Mental Health Division. The Ministry for Children and Families is responsible for mental health programs for children and youth. However, regionalization of health care has meant that the direct delivery of adult mental health care programs and services is now the responsibility of regional health authorities, with funding from the Ministry of Health. Regional health authorities directly provide mental health services, including housing for individuals with high health needs, in all areas of the province. In Vancouver, the Greater Vancouver Mental Health Services Society (GVMHSS), an agency of the Vancouver/Richmond Health Board is responsible for overseeing the delivery of treatment, rehabilitation and housing services to persons with a mental illness.

Deinstitutionalization began in British Columbia in the 1950s. Between 1955 and 1990, 4,000 people left Riverview Hospital, the province's only psychiatric hospital for people with a serious mental illness. Three years of controlled downsizing took place between 1993 and 1996. By 1996, a variety of factors resulted in mounting pressures on the mental health system such as an increase in individuals accessing hospital emergency departments, and higher acuity level of people with mental illness in acute care hospitals, resulting in longer stays and a blockage of beds. At this point, the Minister of Health suspended the reduction of Riverview Hospital capacity. This suspension remains in effect. Development of the new 1998 Mental Health Plan was undertaken to address a number of these issues. Community-based tertiary care (regional alternatives to Riverview) and supportive housing are key components of the plan. For example, supportive housing capacity is proposed to be expanded to 2,600 units. Other key components of the plan include assertive community treatment and increased residential services for people with very challenging behaviours. However, progress on implementation of the plan has been slower than expected.

People directly affected by the formal downsizing of Riverview Hospital were beneficiaries of discharge planning services and a high level of financial support that followed them into the community. Many were placed in licensed residential facilities and have been successful in the community. Former patients discharged through the regular process have access to services in the community, but do not have any funding specifically transferred to the community as was the case in the 'formal' downsizing. Riverview carries out discharge planning for them, if desired. In these cases, efforts are made to provide for clinical follow-up, to assist the consumer in applying for BC Benefits and obtaining housing. Special services, called the 'Bridging Team' in Vancouver and South Fraser, provide intensive follow-up to link individuals with mental health services. For some, the housing they can afford as BC Benefits recipients and what is available in the market limit their housing options. Unfortunately, many people end up in downtown SRO hotels.

The *Mental Health Act* may have been another factor influencing the number of homeless individuals with a mental illness. Previous criteria for admission required an individual to need "protection" and residents who no longer met criteria for committal could discharge themselves, often ending up on the street if medications were not taken. However, 1999 changes in the act (Bill 22) make it possible to commit and retain people involuntarily if they are 'likely to suffer substantial mental or physical deterioration."[77] In addition, while the act always offered the ability to place former patients on extended leave, provided they met certain terms and conditions, such as taking their medication, more emphasis is being placed on this approach. It is hoped that these changes will reduce both the number of people with mental illness living on the street and the criminalization of the mentally ill.

In general, there are insufficient resources to accommodate growing needs due to: deinstitutionalization; lack of access to hospitals including Riverview; and growing numbers of individuals with a mental illness (generally occurring in tandem with a growing population). These individuals face low incomes and a shortage of affordable housing. A recent survey of adult clients of GVMHSS found that 65 per cent of their 3,500 adult clients were in receipt of BC Benefits.

How are housing needs met for the people who have a mental illness? Aside from the private market, and recognizing the relationship between stable housing and maintaining mental health, health authorities offer a range of housing options that include residential, supported and emergency housing.

Supportive housing programs are being emphasized as they enable persons with severe and persistent mental illness to live independently with the assistance of outreach support services. Under the Supported Independent Living Program, clients are housed in private or non-profit managed rental units and rents are subsidized so that they are affordable. BC Housing administers the rent subsidy payments on behalf of health authorities, while non-profit societies are responsible for finding the housing and, in collaboration with local Mental Health Centres, ensuring appropriate support services are available to clients.

The BC Housing Health Services Program was created in 1991 to give persons with persistent and serious mental illness an opportunity to live in units managed by BC Housing. Psychiatric nurses work with BC Housing building managers to help resolve issues and to link people with necessary services. In 1998, the program was expanded to include program staff in all regional offices of BC Housing with the exception of South Vancouver Island. Victoria had a stand-alone program operated by the Victoria Mental Health Society. In April 1999, the South Vancouver Island area was incorporated into the program. The goal of the expanded program is to accommodate a

[77] *Guide to the Mental Health Act*. Effective November 15, 1999.

further 1,000 persons with chronic mental illness within subsidized housing throughout the province, over a seven-year period. The Ministry of Health funds the BC Housing Health Services Program.

Of particular importance in preventing homelessness among people with a mental illness and targeting those at risk of homelessness is the Homeless/At Risk Housing (HARH) component of Homes British Columbia (see Housing Policy section 5.3.2). These significant initiatives help prevent homelessness, ensure individuals will retain their units during periods of hospitalization, and provide support services.

Despite these initiatives, there remains a lack of affordable, supportive housing for people with a mental illness. More resources are needed to address a growing client population, one that increasingly requests independent living options. GVMHSS maintains a centralized supportive housing waiting list that consisted of 2,600 individuals as of March 2000. Many of these individuals have been waiting for housing for four years.[78]

For those who are unable to access or maintain housing, and as a last resort, the Ministry of Health and local health authorities fund emergency shelters targeted to mentally ill clients, such as Lookout and Triage in Vancouver and Scottsdale House in Delta. Between 1987–1988 and 1996–1997 the number of mental health targeted emergency shelter beds in the province rose from 70 to 132 beds, an increase of 89 per cent.

A related issue concerns blockage of acute psychiatric hospital beds by individuals who are deemed ready for discharge, but unable to leave due to a lack of suitable housing. Several initiatives have been developed to address this situation. In Vancouver, the Community Transition Team (CTT), a hospital/GVMHSS partnership program, was developed to deal with blockage of acute hospital beds. The team's mandate is to provide quick response and service to discharge ready individuals in acute care psychiatry and to provide intensive short-term support and assistance to help individuals locate housing and link to services. It has three dedicated beds to receive short-stay patients moving out of hospital.

The Best Practices Working Group on Housing, one of seven working groups consisting of key stakeholders, identified a number of issues that relate to homelessness in their report entitled *B.C's Mental Health Reform, Best Practices for Housing* (2000). For example, provision of housing for special groups, including those mentally ill individuals with dual diagnosis or multiple disorders, is an ongoing issue. In this situation, individuals may not receive adequate service from either program area, for example mental health or drug and alcohol. More housing that incorporates treatment for both mental illness and substance misuse is needed. Other special needs groups with specific needs not currently being met include those who have forensic issues, HIV, physical disabilities, or belong to specific cultural groups, for example, Aboriginal people.

[78] Personal communication, Arleen Pare, GVMHSS. Dec 1999.

5.3.6 Substance Misuse Policies and Programs

Substance misuse has been identified as a major issue in British Columbia, both in terms of alcohol and illicit drugs.[79] Alcohol is more commonly used than drugs, and the number of deaths due to alcohol is much higher than the number due to drugs. For example, in 1998, there were 411 deaths related to illicit drugs compared to 1,892 alcohol related deaths. However, the number of drug-related deaths over the past 10 years has increased dramatically compared to the number of alcohol-related deaths.

Substance misuse is also an issue associated with homelessness. Emergency shelter providers in British Columbia face the issue of substance misuse on a daily basis as many of their clients are dealing with addiction problems. The snapshot of British Columbia shelter clients found that 32 per cent of clients were affected by substance misuse. This section of the report reviews provincial substance misuse policies and programs from the perspective of how they affect people who are homeless or 'at risk' of homelessness.

In his 1998 report, the Provincial Health Officer stated, *"For the past decade British Columbia has had an epidemic of deaths and disease related to injection drug use (IDU).*[80] *Overdose from IDU has become the leading cause of death for adults age 30–49 in this province, with more than 300 deaths annually. The leading cause of new cases of HIV infection is now IDU, and we have epidemics of hepatitis B and C related to IDU as well."* Although the epidemic is centred in the Downtown Eastside of Vancouver, it is a province-wide problem that requires a provincial strategy.

Responsibility for alcohol and drug policies and programs falls within the mandate of the Ministry for Children and Families (MCF) after having been transferred in 1997 from the Ministry of Health. In Vancouver, responsibility for adult programs has been transferred to the Vancouver Richmond Health Board. The Ministry for Children and Families operates a range of addiction services, from prevention to treatment, based on the assumption that in the population as a whole, people are at various places on a continuum of risk. Services are available to address each of the risk areas. They include health maintenance and enhancement, risk avoidance, risk reduction, early intervention, and treatment and rehabilitation. Enforcement is a component of the provincial drug strategy operated outside MCF. The following MCF-funded treatment services for adult and youth are available.[81]

- Outpatient Treatment — This involves an assessment of issues and strengths, development of a service plan, and referral to another health or social services agency. Outreach services may also include

[79] Dr. John Millar, Provincial Health Office, *HIV, Hepatitis, and Injection Drug Use in British Columbia — Pay Now or Pay Later*, June 1998.

[80] IDU is the injection of an illegal drug into the vein or artery. The drugs involved are primarily heroin and cocaine, either alone or in combination with each other.

[81] *Directory of Addiction Services in British Columbia 1999*, Kaiser Youth Foundation and Addiction Services and Ministry for Children and Families.

counseling, support and education. There are currently 146 outpatient clinics operating in British Columbia with MCF funding.

- Withdrawal Management (Detoxification) — A range of services are offered, including support and supervision to help minimize the negative effects of withdrawal from addictive substances. Detox may occur at home, in a supportive recovery facility, in a free-standing special-purpose facility, or in a hospital. The period of detox could range from five to seven days for alcohol to two or more weeks for other substances. MCF funds 11 facility-based and seven home detox programs, and partners with a number of hospital programs to provide the equivalent of 200 beds.

- Day Treatment (Intensive Treatment in Non-Residential Settings) — This involves therapeutic work during day, evening, and/or weekend sessions over a period of weeks. Close monitoring and support deal with the traumatic effects of past experiences, and assistance is given to help the client initiate major changes in lifestyle. Clients are those who have stable living arrangements and support from family or friends. There are 19 day treatment programs funded by MCF in British Columbia.

- Residential Treatment (Intensive Treatment in Residential Settings) — Clients include people who require a safe living environment, free of alcohol and illicit drugs, while undertaking intensive, short-term therapeutic work. These clients usually have unstable living environments and lack the support of family and friends. There are 14 intensive residential treatment programs with 300 beds funded by MCF in British Columbia.

- Supportive Recovery Services — This service is for clients who require safe, structured living arrangements free of alcohol and illicit drugs. There are 18 supportive recovery programs in British Columbia funded by MCF, with a total capacity of 132 beds.

- Other treatment services — Includes transitional living, hospital-based substance misuse programs, needle exchange programs, methadone treatment, pregnancy support services and private counseling services.

A number of reviews and analyses of substance misuse issues and needs have been undertaken by various agencies in the last few years. A common theme is the need for more treatment resources. In 1997, the Vancouver Regional Office of the Ministry for Children and Families and Vancouver Richmond Health Board jointly sponsored a review of alcohol and drug services in Vancouver.[82] It recommended a revamped program model, an organizational structure and an action plan to address the "systemic barriers that exist in alcohol and drug service in Vancouver, and the need to establish a more community-based system."

[82] City of Vancouver, *Downtown Eastside Report #3: Background paper on drug treatment needs in Vancouver*, July, 1998.

According to the City of Vancouver, while some progress has been made in implementing the recommendations of the review, two major obstacles prevail: central control of addiction services and insufficient resources. Among the short-term needs identified by the City are 100 more units of alcohol and drug free long-term housing, as well as detox and treatment facilities. In the longer term, expansion of services is needed in prevention, counseling, treatment, detoxification, and residential programs. Solutions also need to be linked to housing, job training and criminal justice initiatives. Without treatment resources, individuals with addictions will continue to cycle through other services like correctional facilities and hospital emergency wards. And, without adequate and affordable housing to go to after treatment, many end up in emergency shelters or SRO rooms, not suitable environments for promoting recovery.

There appears to be recognition that there is a close relationship between substance misuse and other areas of health, social services and correctional systems, including housing. For example, the Provincial Health Officer states that *"to truly address the root causes of addiction and particularly IDU, there must be greater commitment to primary prevention. This requires concentrating on early child development and addressing the larger issues of poverty, unemployment, illiteracy, inadequate housing, mental illness, social isolation, violence and abuse, discrimination and crime."* Among other things, he recommended that: *"Adequate mental health services, health care, housing and social support should be provided to injection drug users at all stages of addiction and recovery."* Thus affordable/adequate housing is seen as one factor that may help prevent injection drug use.

Injection drug users are generally unable to obtain adequate housing. Unstable, poor quality housing has also been identified as one of the factors associated with injection drug users becoming HIV infected, along with sharing syringes, frequent injections (4 or more per day), and cocaine use. A report on HIV/AIDS and injection drug use in the Downtown Eastside reported that housing is essentially unavailable for this population and what there is, is unsafe.[83] It identified a need for:

- supportive housing for individuals who need assistance in daily living due to mental illness and other complications;
- transition housing for individuals who have gone through detox and are waiting for treatment;
- housing in a clean and sober environment for individuals who have gone through treatment;
- overnight shelter spaces; and
- housing for women with children.

[83] No author. *Something to eat, a place to sleep and someone who gives a damn. HIV/AIDS and Injection Drug Use in the DTES*, September 1997.

Substance misuse destabilizes housing arrangements as it may precipitate acting out behaviours. Mental illness (often exacerbated by substance misuse and sporadic medication compliance) can have a similar disruptive effects on housing. Because of the interaction between substance misuse and mental illness, people with a dual diagnosis are much more vulnerable to relapse and thus experience housing disruptions more than singularly disordered persons. This may continue on a long-term basis. Suitable treatment, support services and special needs housing addressing both mental illness and substance misuse may be required.

Several initiatives to address the growing issue of substance misuse are underway. These include development of a harm reduction policy and transfer of some addiction services in Vancouver to the Vancouver Rehabilitation Health Board. Both may have implications for the pressing housing and support needs of this population. For example, a harm reduction approach could help individuals who have the greatest difficulty accessing and maintaining housing by allowing users to live in stable housing while continuing to use drugs and alcohol. In addition, in May 1999, MCF committed $9.25 million on new funding for alcohol and drug treatment for youth. The treatment options were created with input from youth, their families, service providers and advocates, and will be put in place in 14 high-need communities across the province. Services include $4.07 million for 75 new beds, intensive youth day treatment programming, family and youth counseling, $2.18 million for youth justice addiction services and $3 million in capital funding.

The fact that substance misuse may be the single largest health issue facing BC shelter clients is not reflected in current budget allocations. In a province where inter-ministerial cooperation has resulted in development of significant supportive housing initiatives for clients with a mental illness, the housing and related treatment needs of persons with substance misuse issues are not similarly addressed. Addictions-specific knowledge of how to structure and implement programming within the context of supportive housing is not evident. Increased and shared funding would contribute to improved service delivery for the large numbers of homeless people for whom substance misuse is a major health issue.

5.3.7 Child Protection

The British Columbia Shelter Snapshot found that 6 per cent of shelter and safe-house clients were children under the age of 16. Sixteen to 18 year olds represented another 3 per cent, for a total of 9 per cent of British Columbia shelter clients under age 19.

Homelessness alone is not a criteria for automatically taking children into care in British Columbia. Homeless families who are, for example, staying in an emergency shelter and come to the attention of MCF social workers would be given an intake and safety assessment. The ministry's priority is to keep families together, but if there are other issues in the family that place

children at risk (abuse, mental illness, etc.), then the ministry will consider placing the children in care.

Youth age 16 to 18 years who are unable to stay at home, but unwilling to go into care, present a serious challenge for child protection. (See sections on BC Benefits and shelter policies for a discussion of how they pertain to this age group). Further research is needed to explore the relationship between child welfare policies and practices and homelessness.

5.3.8 Discharge Policies from Correctional Facilities

The shelter snapshot showed that about 1 per cent of British Columbia shelter clients were seeking shelter because they had come "from jail." How discharge policies affect homelessness is the subject of this section. There are two different situations under which an inmate may be released from provincial correctional institutions in British Columbia.

In the first instance, inmates are released into the community when their sentences expire. According to the Corrections Branch, inmates who are about to be released from a correctional institution must meet with a release coordinator. The coordinator is responsible for assisting each inmate to identify options in the community, including finding accommodation and applying for BC Benefits. One of these options may be an emergency shelter. The Corrections Branch has, however, no jurisdiction over inmates once their warrant expires. So, while plans might have been made for suitable accommodation upon discharge, the former inmate may end up living on the street or in an emergency shelter. A Living Skills core program is being implemented as part of the branch's strategic plan. While still in the early stages, it may address the issues of obtaining and retaining housing for inmates in need.

The second situation occurs when an inmate is granted early release, for example, through parole or the electronic monitoring program. In these circumstances, the inmate must have a confirmed place of accommodation and must actually live there, as a stable address is a requirement of these programs.

The provincial government is addressing the issues regarding mentally disordered offenders. The aim is to direct low-risk offenders away from the criminal justice system. If these offenders are incarcerated, it is planned that forensic liaison workers would work with corrections and mental health services to help the person upon release. The goal is to keep these individuals attached to health and social programs. It is also anticipated that these services could help prevent these individuals from becoming homeless. Work is also underway for Adult Mental Health (Ministry of Health) to enter into a partnership with BC Housing to provide housing and support services for this client group under the Homeless-At-Risk program.

5.4 *Local Government Policies*

Local governments are often the front line when it comes to dealing with homelessness. Some British Columbia municipalities have taken a keen interest in helping to prevent homelessness by focusing on preserving the existing stock of affordable housing and creating new affordable housing, as well as taking direct measures to deal with the immediate problem of homelessness.

Local governments can help maintain the existing affordable rental housing stock a number of ways: conversion control; standards of maintenance bylaws; and secondary suite bylaws.[84] For example, the City of North Vancouver has had a policy regulating the conversion of rental housing to condominium tenure since 1979. This policy was amended in 1992 so that conversion is permitted only when the rental vacancy rate exceeds 4 per cent for a minimum of 12 consecutive months. The City of Victoria has a longstanding policy permitting suites in larger houses within all single family and duplex zones. An estimated one tenth of its housing stock consists of legal suites in homes.

Of particular importance is maintaining the existing supply of SROs and rooming houses. Monitoring this stock is an important first step. The City of Kamloops has taken this approach with a rooming house task force.

Creation of more affordable permanent housing can be accomplished by density bonusing, provision of land (such as leased land), and fast tracking of development approvals.

For example, by 1999, the City of Vancouver had leased 124 sites for more than 7300 social housing units. More than one-third of social housing in Vancouver has been built on city owned land. The Affordable Housing Fund also assists the City in the development of social housing. Funding comes from contributions made by developers of market housing and from allocations from the city's budget. By 1999, the fund provided grants to 32 projects totaling $12.7 million. City policies require developers of large sites to build 20 per cent of the total units as affordable housing on site, or contribute to the Affordable Housing Fund.

The City of Vancouver also directly operates seven housing developments in the downtown area for low-income single people and families.

In addition, partnership with municipal governments (and others) permits provincial housing unit allocations to be 'levered' to create more units from the same commitment of provincial resources.

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[84] Some secondary suite bylaws also provide for the creation of new units.

6 Comparison of Policies and Programs

A comparison of provincial policies that affect homelessness in British Columbia, Alberta, Ontario and Quebec, highlighting differences and similarities, is the focus of this section. See Volume 4 Background Report for an overview of relevant public policies in Alberta, Ontario and Quebec.

6.1 Housing Policies and Programs

Non-market Housing

There are two distinct approaches to affordable housing among the four largest provinces in Canada. Quebec and British Columbia deliver social housing supply programs unilaterally and have taken steps to maintain the existing affordable housing stock. Alberta and Ontario either did not assume this role, or have dismantled it.

When the federal government stopped funding the development of new social housing in 1994, British Columbia maintained its level of commitment and continued to fund the development of non-profit and co-op housing. In addition, the provincial government has specific preventive policies and programs targeting resources to people at risk of becoming homeless and to lower income urban single individuals. Both independent and supportive housing types are being developed or created. Rent supplement assistance is also available to low income seniors who pay more than 30 per cent of their incomes on rent (SAFER). Considerable effort has gone into developing partnerships with other ministries to address the special housing needs of their client groups. Housing initiatives for those with mental illness are excellent examples of partnerships with the Ministry of Health. Partnerships with municipalities have assisted the province as well. Without these initiatives, one could assume that the housing and homelessness situation in British Columbia would be worse. However, the provincial government has not been able to fill the gap left by the federal government, and the number of units produced in British Columbia has not been sufficient to meet the growing need.

Like British Columbia, Quebec continued to support non-profit and co-operative housing during the 1990s and after the federal withdrawal from social housing. A broad homeless policy statement, calling for better coordination and cooperation between government ministries and service organizations, prevention of homelessness, and facilitation of social re-integration, was adopted in 1993. In addition, new programs were introduced in 1997 to assist low- and moderate-income households, seniors, people with special needs, homeless persons, those with intellectual handicaps, youth in difficulty, and victims of family violence. Resources are available for renovations or new construction, depending on local needs. A target has been established to produce approximately 1,425 units per year. Rent supplement assistance is also provided to over 12,000 low-income households in Quebec. Available data from Quebec suggest stability in the

number of absolute homeless people, although, there is evidence that increasing numbers of households may be at risk. The government housing programs described above may help to explain why the situation is not becoming worse.

In Ontario, where a significant provincially funded non-profit and co-op housing supply program was terminated in 1995, homelessness has increased dramatically. There is lack of affordable rental housing, no new construction, and affordable housing units are being lost when existing tenants move out of their units. It is likely that the government's policy of virtual non-involvement in social housing provision has contributed to the homeless situation in that province.

The only provincially-funded program introduced in Alberta since the federal government withdrawal was a rent supplement program. Since 1997, the provincial government has funded about 1,000 units. A portion of these units has been used in the development of special needs housing, group homes and emergency homeless shelters. To date, Alberta's approach appears to be one that involves working with local governments, agencies (e.g. the Calgary Homeless Foundation), and planning committees (e.g. Edmonton Joint Planning Committee on Housing) to develop local solutions to housing needs. There is recognition that homelessness is a growing problem in Alberta, and the provincial government is currently working on a policy to address this issue.

Single Room Occupancy (SRO) Hotels and Rooming Houses

The stock of SRO housing in British Columbia, despite its poor quality, may be one of the factors that prevent the province's homelessness problem from worsening. However, units continue to be lost. The British Columbia government has recognized the importance of preserving the existing stock of SRO units as demonstrated by the recent purchase and rehabilitation of several SRO hotels (with federal assistance through RRAP), and the passage of enabling legislation to permit the City of Vancouver to regulate the conversion and demolition of SROs. Like British Columbia, the Quebec government has actively supported the preservation of the stock of rooming houses there, by funding the renovation of rooming houses since the early 1980s. In the first few years, subsidies were available only to co-operatives and other non-profit organizations. In 1986, the program was expanded to include all owners of rooming houses. When the federal government withdrew from rental housing renovation in 1990 (then later reinstated), the Quebec government continued unilaterally. As a result, it is estimated that thousands of rooming house units have been preserved.

The supply of rooming houses in Toronto has decreased steadily between 1980 and 2000.[85] Some of the reasons include competition from middle-class home renovators and the declining economic viability of rooming houses. There are no Ontario provincial programs in place to

[85] City of Toronto, Mayor's Homelessness Action Task Force, 1999.

preserve rooming houses, although some ad hoc efforts have been successful in obtaining resources to upgrade stock in the past. For example, the Rupert Coalition obtained millions of dollars in funding from the Ontario government, along with support from municipal and federal governments, for a pilot project that rehabilitated more than 500 rooms in more than two dozen rooming houses in Toronto. In Alberta, there are no provincially-funded programs to rehabilitate the existing rooming stock. Groups do, however, make use of federal funding through the RRAP program. It appears that the British Columbia and Quebec governments are alone in supporting this fragile stock of low-income urban singles accommodation through provincial government policies.

Protection of Existing Rental Housing

In Ontario, there is concern that the repeal of the *Rental Housing Protection Act* and introduction of the *Tenant Protection Act* will result in the loss of significant numbers of units. Under the new legislation, there is less protection against conversions and demolitions. In addition, although Ontario still has a system of rent control, landlords may raise rents when a tenant moves out. Rents are increasing and vacancy rates are low, which makes it even more difficult for low income households to obtain affordable rental housing.

British Columbia has never had province-wide legislation to regulate the conversion and demolition of existing housing. Several municipalities have policies regarding applications for condominium conversions, and the need to protect the existing rental stock has emerged as an issue with municipalities in the lower mainland. In addition, British Columbia does not have rent control. Since 1995, the province has had a system of rent protection, but there are no annual guidelines restricting the amount permitted for rent increases. As in Ontario, in between tenancies, landlords in British Columbia are able to set the rent at the level the market will bear. This has not been raised as an issue contributing to homelessness in British Columbia.

Quebec has a system of rent review and a province-wide moratorium on condominium conversion. Alberta has not had any form of rent control since 1980.

6.2 *Emergency Shelter Policies*

In British Columbia, the provincial government has focused on providing permanent housing, including special needs and multi-serviced housing as a solution to homelessness. It is recognized that emergency shelters are also necessary and a variety of shelters are provided. Provision of emergency shelters is the responsibility of several program ministries, with no overall coordination, resulting in little available information about the shelter system as a whole. Many British Columbia shelters provide support and outreach services, and those with sufficient resources may offer a high level of support to help individuals resolve their issues, obtain services, and find permanent accommodation. This model is seen as more proactive in assisting homeless individuals to access permanent housing. Quebec also appears to have focused on the creation of permanent housing instead of emergency shelters.

The approach taken in British Columbia and Quebec appears to differ from that taken in Ontario where resources have been directed to the hostel system. The Toronto Hostel Services Division administers almost 4000 beds in 68 facilities. One review of the hostel system in Toronto concluded that *"As the emergency hostel capacity of Toronto has grown, so has the tendency for them to become more than short term emergency shelter. The most obvious manifestation of this is the gradual extension in allowed limit on stay. It varies from sector to sector, however for youth the maximum stay is three months, women and families the average is six weeks, and for men, the limit has increased from two weeks to unlimited length of stay."*[86] This contrasts with the policies of shelters funded by SDES in British Columbia, which have a maximum length of stay of 30 days. Two of the reasons for the growing reliance on shelters in Ontario are increasing need and provincial policies. The provincial government contributes 80 per cent of the funding required for shelters, but provides no assistance for permanent housing.

The 1999 Report of the Mayor's Task Force on Homelessness for Toronto expressed concern that too much reliance is being placed on emergency shelters. Instead, it recommended that resources should be redirected from hostels to permanent housing, on condition that a sufficient supply of supportive and low-cost housing is created. Hostels also need to offer a greater level of support services to link hostel users with housing and employment.

In Alberta, assistance is being directed to emergency shelters to address the immediate crisis. However, it is also recognized that a longer term strategy needs to be developed.

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[86] Jim Ward, *"The Role and Function of Emergency Hostels in Dealing with Homelessness," Report of the Mayor's Homelessness Action Task Force*, November 1998, p. 5.

6.3 *Income Support Policies and Programs*

Benefits and Eligibility

This review shows a common policy of lowering income support benefits and tightening eligibility requirements in British Columbia, Alberta, and Ontario. Quebec is the exception. Alberta reduced most shelter benefits by $50 a month and stopped paying damage deposits for income support recipients, except in cases of family violence. In 1995, Ontario cut income support benefits for all recipients, including families, by 21.6 per cent. In 1996, British Columbia also reduced benefit levels for single employable youth and adults, while maintaining levels for eligible families and persons with disabilities. On the other hand, enhanced shelter assistance for specific groups was made available in Quebec. However, the rates in each province may have differed prior to the reduction.

The result is that many income support recipients cannot afford rental accommodation. Table 24 shows the percentage of the shelter component of income support that would be paid by recipients in each province for private rental accommodation. As can be seen, the shelter component is inadequate to pay average market rent for all family types.

In many cases, the particular focus of the changes in benefits and eligibility was on single people. The situation appears most difficult for single people who would either have to share, or find an SRO or rooming house in which to live. Even then, they probably would not have much money left over for food. The situation is almost as bad for families with children. Affordability problems are more severe in urban centres and high growth communities, as maximum shelter payments do not reflect the higher rents in these areas. Income support benefits in Quebec are structured differently from the other provinces, which makes comparison less meaningful. Youth under age 18 or 19 appear to face difficulty meeting eligibility requirements in many provinces.

Table 24: Average market rent as a percentage of the shelter component of income support

Family type	British Columbia per cent	Ontario per cent	Calgary per cent	Edmonton per cent	Quebec
Single person	167	163	257	232	Not available
Single parent one child	143	149	165	129	Not available
Single parent two children	122	137	141	110	Not available
Couple and two children	131	157	130	119	Not available

Source: Based on Rental Market Report, CMHC and income support data from each province

Security Deposits

The inability of households to pay a damage deposit and the first month's rent has been raised as a significant issue in Alberta. There, households in receipt of benefits are not eligible for assistance to pay for a damage deposit, except in abuse situations. In Ontario, the government stopped providing first and last months' rent assistance to households in receipt of income support in 1991, then in May 1999, increased amounts permitted a community start-up benefit to $799 for single persons and couples, and $1500 for families. This could include funds for first and last months' rent. In British Columbia income support recipients are eligible to receive payment for a security deposit. It is has not been identified as an issue in Quebec.

6.4 Mental Health Policies and Programs

Deinstitutionalization is often cited as one of the reasons for the significant proportion of homeless people suffering from mental illness. All four provinces followed policies of deinstitutionalizing people who were residents of psychiatric hospitals beginning in different periods. This initiative was typically seen in terms of the benefits of community care over institutional care. There is recognition that the shift of funding from the institutions to the community, which was to have occurred along with deinstitutionalization, has not been sufficient, although this can differ from province to province. Often, mental health patients who are discharged from psychiatric institutions or hospitals lack appropriate housing and support services in the community to meet their needs.

British Columbia and Quebec are both targeting mental health consumers with housing policies and programs designed specifically to meet their needs. British Columbia's 1998 *Mental Health Plan* recognizes the importance of housing as a cornerstone of community care. However, concerns remain that these initiatives may not be enough, as demonstrated by long waiting lists for social and supportive housing and the large numbers of people who are mentally ill using the emergency shelter system. Ontario is no longer building supportive housing, although this was a significant component of the cancelled provincial program.

6.5 Substance Misuse Policies and Programs

There is little comparative research on the substance misuse policies of each province. Table 25 outlines the results of a 1997 survey of substance misuse programs for each of the four provinces in which 72 per cent of programs responded.

Table 25: Detoxification and residential treatment services beds across Canada

Province	Detoxification Beds		Short-term Residential Beds		Long-term Residential Beds		Total Beds	Beds per Capita
	Male	Female	Male	Female	Male	Female		
British Columbia	82	19	374	100	275	69	919	.000237
Ontario	309	108	144	125	748	176	1,610	.000145
Alberta	57	18	87	41	192	60	455	.000164
Quebec	433	246	369	145	678	187	2,058	.000283

Source: Gary Robert et al. Profile Substance Abuse Treatment and Rehabilitation in Canada, 1999

Table 25 shows that British Columbia and Quebec have the highest number of residential treatment beds per capita. This comparison should be viewed with caution for two reasons. First, residential treatment is only one aspect of substance misuse programming. Second, the per capita measure does not reflect the fact that the provinces may have different rates of drug and alcohol use per capita.

Despite the link between adequate housing and prevention of/or treatment of substance misuse (and homelessness), the B.C. government provides limited funds for housing or emergency shelters for persons with substance misuse issues. It does not provide program support for people with addictions living in various housing initiatives as is the case for people with a mental illness.

6.6 Discharge Policies from the Correctional System

Another factor often cited as contributing to homelessness is the lack of provisions for persons with no fixed address who are released from correctional institutions. Shelter users in all four provinces include people who have been released from correctional facilities, although this is not a large proportion of shelter clients. A brief review of provincial correctional discharge policies finds that, for the most part, inmates in provincial correctional institutions receive discharge planning assistance prior to release to help them find accommodation.

All inmates in British Columbia correctional institutions must meet with a release coordinator prior to release. This coordinator provides assistance with accommodation and BC Benefits, among other things.

In Ontario, discharge planning is made available to people who are released from correctional facilities, but cannot be forced on those who have completed their sentence. The province estimated that approximately one-third of those released go to an emergency shelter. Former inmates also tend to be chronic users of the hostel system in Toronto.

In Quebec, the correctional institutions have no policy to deal with homeless persons who have been incarcerated.

In Alberta, a release plan must be developed for every offender who has received a sentence. However, if an inmate has no home to return to, he could be released to an emergency shelter.

Discharge planning occurs in provincial correctional facilities in British Columbia, Ontario and Alberta. However, the fact that the planning occurs does not necessarily prevent a former inmate from ending up in an emergency shelter or on the street upon release. There are two complicating issues. The first concerns the availability of decent affordable housing — places to which the former inmate may be released. If there is no suitable permanent accommodation, it is more likely that emergency shelters will become the next stop after incarceration. Second, in British Columbia, and likely elsewhere, the corrections branch typically hs no authority for an inmate after release. An inmate may, prior to release, select a suitable housing option in consultation with staff, but may not actually live there upon release.

7 Analysis of Provincial Differences in Homelessness

7.1 Introduction

Differences have been observed in the magnitude and characteristics of the homeless population across Canada. Trends in homelessness have also been found to differ. This is not unexpected given the distinct regional economies operating in different parts of the country, as well as variations in business cycles, cultures and histories.

Researchers and analysts have yet to address the reasons for these differences in a systematic way. The purpose of this section is to begin the discussion about what accounts for the differences or similarities in the nature and extent of the homeless situation in British Columbia, Alberta, Ontario and Quebec.

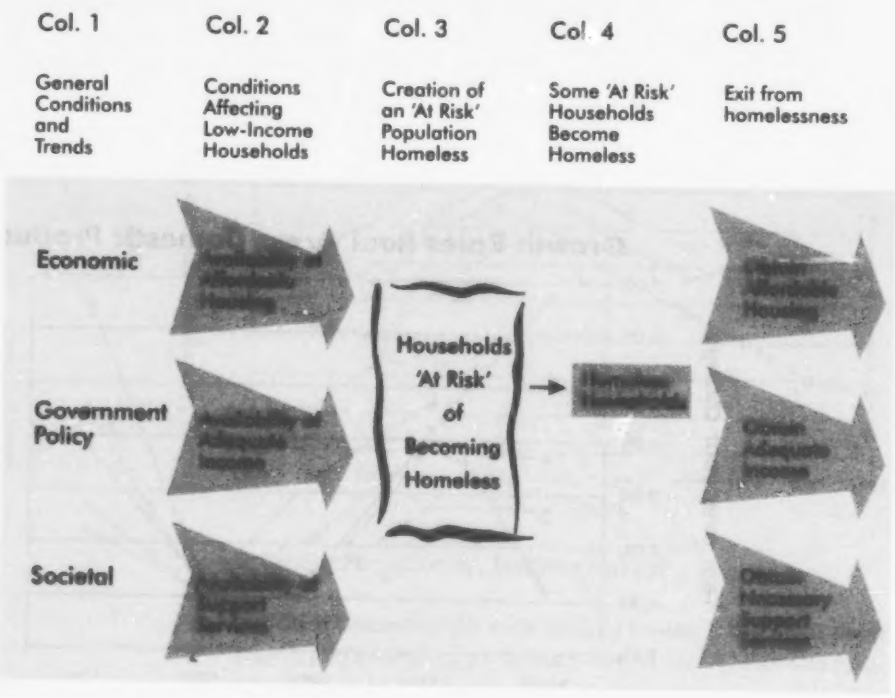
The following approach is used to explore this question.

- A conceptual framework is presented to explain the national, regional and local determinants of homelessness and solutions to homelessness.
- Each province is examined according to the framework. Variations and commonalties in key conditions and trends are noted among the provinces.
- Some observations are made as to how these variations affect the nature and magnitude of homelessness in each of the four provinces.

7.2 Analysis

This section reviews comparative data representing the economic, housing, income and social services elements of the conceptual framework for each of the four provinces, noting variations in the conditions and in policies affecting these elements. (The conceptual framework is reproduced in Figure 1). The discussion focuses on a 10-year time period beginning in the late 1980s. It does not aim to establish a direct correlation between any of these indicators and households 'at risk' of homelessness, or homelessness itself, but rather aims to identify variables that might explain at least some of the major differences among provinces.

Figure 1 Conceptual Framework: Causes of and Solutions to Homelessness



Source: Margaret Eberle, Planning & Associates 2000

7.2.1 Economic, Government Policy and Societal Conditions and Trends

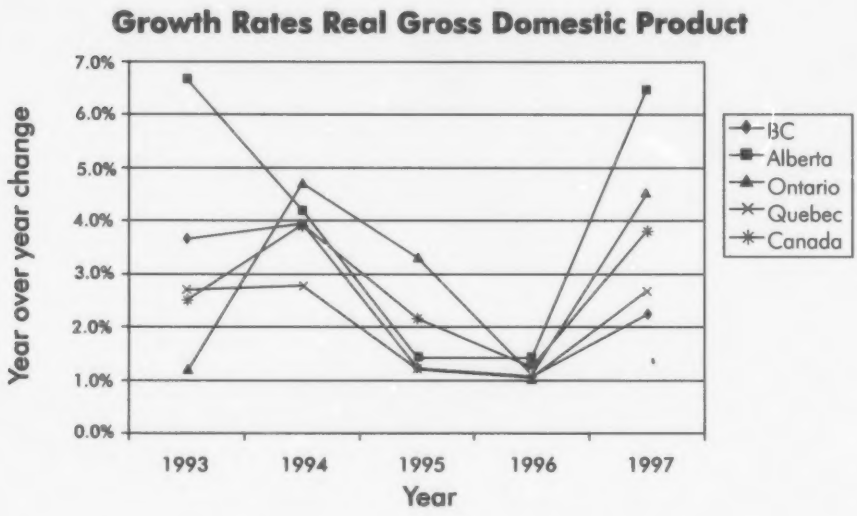
Growth in homelessness can occur during both economic booms and periods of economic downturn, for quite different reasons.[87] Government policies, specifically those affecting the health, social services and correctional systems, are also critical. (These are described in depth for British Columbia in Section 5 and a comparison is made with other provinces in Section 6.) Social trends with an impact include changing family structure due to marriage breakdown, declining household size and the rate of household formation. For the purposes of this analysis, with the exception of population growth rates, social factors are assumed to be the same in all four provinces.

Figure 2 shows that the economic situation in the four provinces varies quite dramatically. Over the last 10 years, Alberta's economy has been characterized by wide swings with growth rates ranging from a high of almost

[87] Martha R. Burt *"Causes of the Growth of Homelessness During the 1980s." Understanding Homelessness: New Policy and Research Perspectives*. Fannie Mae Foundation. 1997. pp. 169–203. This study indicates that in low-growth cities, homelessness seems to be the result of general economic depression. Unemployment, job loss, and poverty are serious contributors to homelessness. In high growth cities, the evidence suggests that the well-being of the majority of people puts pressure on those who cannot or do not participate in the growth economy. Cost of living is a significant factor in increased homelessness, as is a tight rental housing market.

7 per cent to a low of 1 per cent. This has been accompanied by relatively low but fluctuating unemployment rates and similar trends in population growth. The latter is driven by swings in inter-provincial migration (not shown). Alberta is currently in the midst of an economic boom. The dramatic increase in homelessness is linked to its booming economy.

Figure 2



Source: Statistics Canada

Quebec's economy is almost the mirror image of Alberta's, with the lowest and most stable rates of Gross Domestic Product growth, consistently high unemployment rates, and low and declining population growth rates. Changes to federal employment insurance legislation probably have affected Quebec the most, with its high unemployment rates. The duration of unemployment has consistently been the longest in Quebec and Ontario (not shown). Here, homelessness is occurring in the midst of a weak economy, although it is not growing rapidly.

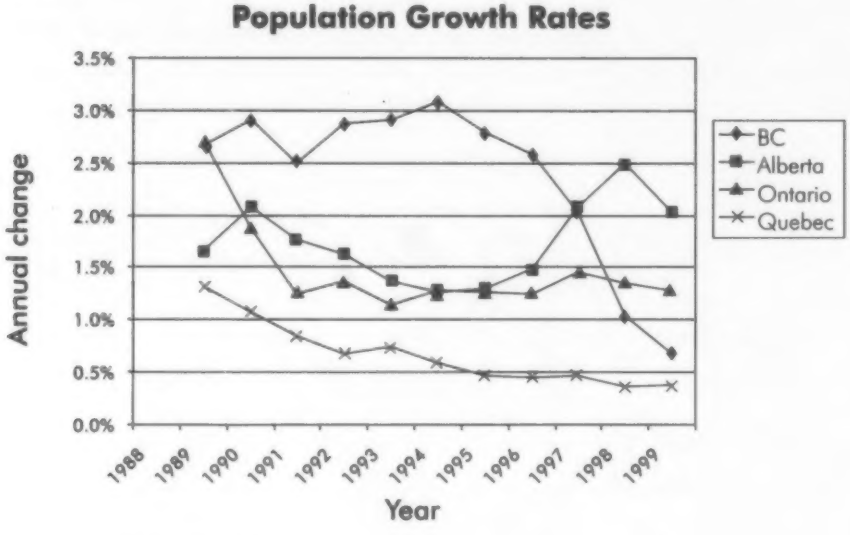
Ontario, after enduring a severe recession and economic re-structuring in the early 1990s, is now in the midst of a period of strong economic growth. This is evidenced by a real growth in GDP of almost 7 per cent in 1997 (the latest year for which data is available), combined with declining unemployment rates since 1993. Population growth has been steady since 1995. Again, dramatic growth in homelessness is linked with strong economic growth.

Figure 3

Source: Labour Force Survey, Statistics Canada

In British Columbia, the most striking feature is the rapid population growth that took place in the early to mid-1990s. This was fuelled by immigration and inter-provincial migration and the just as dramatic slowing of population growth beginning in 1994. Relatively weak economic growth and moderate unemployment rates accompanied this period. The provincial economy is currently experiencing a slowing of growth with the lowest growth rates of all four provinces and high relative unemployment. Again, we see the combination of weak economic growth with a stable homeless situation.

Figure 4



Source: Statistics Canada

Homelessness coexists with many different stages of the business cycle and different types of economies. The current economic boom clearly plays a role in the timing and magnitude of the homeless situation in Ontario and Alberta. However, homelessness also occurs in slowing economies (British Columbia) and stable economies (Quebec).

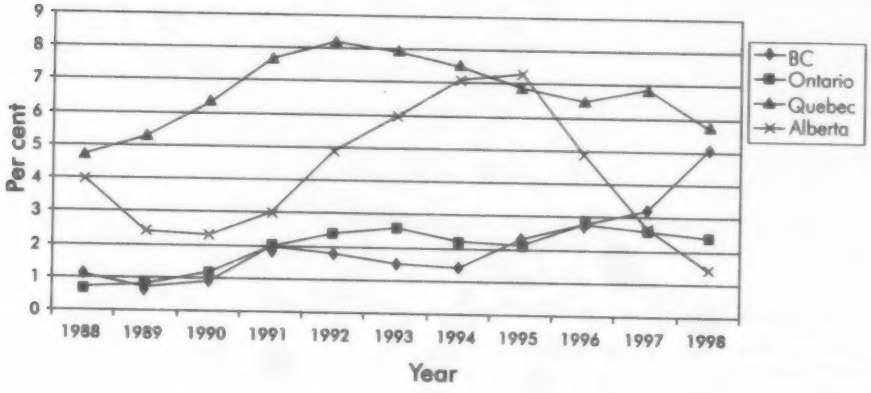
The prevailing trend in federal government policy-making in the 1990s is withdrawal of transfer funding to the provinces. Provincial government policy has thus been developed in the context of deficit reduction. At least two provincial governments of the four included in this analysis have focused on reduced spending — Ontario and Alberta. In those two provinces, where deficit reduction was a primary goal, this has resulted in reduced service and benefits across a whole range of programs. British Columbia and Quebec, on the other hand, have not pursued deficit reduction as vigorously and have attempted to maintain health, social services and correctional system spending in the face of reduced transfer funding.

7.2.2 Lack of Affordable Housing

A lack of affordable rental housing is a key factor in creating a population of households 'at risk' of homelessness. Across Canada, new private rental construction has virtually halted. The result has been an ongoing shortage of rental housing and low vacancy[88] rates, especially in Ontario and British Columbia. Throughout the late 1980s and most of the 1990s, British Columbia and Ontario possessed consistently low vacancy rates (under 3 per cent) even through Ontario's mid-90s economic downturn. Their rates and trends were remarkably similar. The exception occurred in the late 1990s when British Columbia's vacancy rates rose above 3 per cent for the first time in years (vacancy rates in Vancouver remained low through to 1998). In contrast, the province of Quebec and its cities consistently had the highest vacancy rates over the period. In Quebec, although high vacancy rates do not necessarily equate with affordable housing, it would seem that an adequate stock of housing exists. Dramatic fluctuations in vacancy rates occurred in Alberta throughout the period, coincident with economic growth, with the result that 1998 vacancy rates in Alberta were the lowest compared with the other three provinces.

Figure 5

Vacancy Rates — By Province



Source: CMHC

[88] It should be noted that the vacancy rate applies to *all* rental housing covered by the annual CMHC rental market survey, not only that which is affordable. The use of this indicator assumes that in a high vacancy rate situation, more housing will be available to lower-income individuals and will be more accessible and affordable to them.

Rental housing costs are also highest in the two provinces with the lowest long-term vacancy rates — British Columbia and Ontario. A comparative analysis of housing costs in major Canadian centres showed that Toronto and Vancouver respectively had the highest average monthly gross rents.[89]

The federal government withdrawal from new social housing in 1993 exacerbated a shortage of affordable housing in some markets, notably Ontario and British Columbia. In British Columbia, social housing has been virtually the only source of new affordable rental housing since then, with the exception of secondary suites and condominium rentals. Table 26 sets out a comparison of the stock of social housing units produced under federal and provincial programs in each of the provinces. It also calculates the ratio of units to households in each province. Ontario, because of a large provincial supply program that was eliminated in 1995, has the largest total stock of federal and/or provincial social housing units at .07 per household. When rent supplement units are added, the four provinces have about the same ratio. Provincial governments in British Columbia and Quebec are unique among the four provinces in continuing to unilaterally deliver social housing, through both supply and rent subsidy programs, with the largest component being rent subsidy units. These two provinces have created the largest proportion of provincially funded units among their social housing stock at 22 per cent and 35 per cent respectively. Included in this stock are units for persons with special needs.

[89] Baxter, David. *Housing Costs in the Vancouver Census Metropolitan Area: A Comparative Overview*. GVRD Strategic Planning Department, 1994.

Table 26: Social housing units

	British Columbia	Ontario	Alberta	Quebec
Social housing units with federal and provincial funding[90]				
Total units	69,404	269,684	46,585	113,765
Units per number of households	.05	.07	0.5	0.04
Rent supplement units with federal and provincial funding				
Total units	15,596[91]	16,656	3,673	65,437[92]
Units per number of households	.011	.004	.004	.02
Total supply of social housing units				
Total units	85,000	286,340	50,258	179,202
Units per number of households	.06	.07	.05	.006
Unilaterally provincially funded non-profit and co-op housing units				
Total units	4,700	50,992	2,000[93]	3,665
Units per number of households	.003	.013	.002	0.005
Unilaterally provincially funded rent supplement units				
Total units	13,791	1,856	1,000	59,643
Units per number of households	.0097	.0005	.001	.02
Unilaterally funded provincial social housing units as a percentage of total social housing stock				
Total provincially funded units	18,491	52,848	3,000	63,308
Per cent of total social housing stock	22 per cent	18 per cent	6 per cent	35 per cent
Total Households 1996	1,424,635	3,924,515	979,175	2,822,030

Source: CMHC, BC Housing, SHQ, Ontario Ministry of Housing, Alberta Ministry of Municipal Affairs

It appears that Ontario and British Columbia are generating a large population of households 'at risk' primarily because there is an inadequate stock of affordable rental housing. A lack of affordable rental housing is not the main factor driving homelessness in Quebec, while in Alberta there is adequate stock in recessionary periods, but an inadequate supply in high growth periods.

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[90] Includes public housing, non-profit and co-op housing, rural and native housing. Does not include rent supplement units.

[91] Of these, 1,805 are federally-funded. Of the provincially-funded units, 12,500 are SAFER units, 1,256 are SIL units for people with mental illness, and 35 are other rent supplement units.

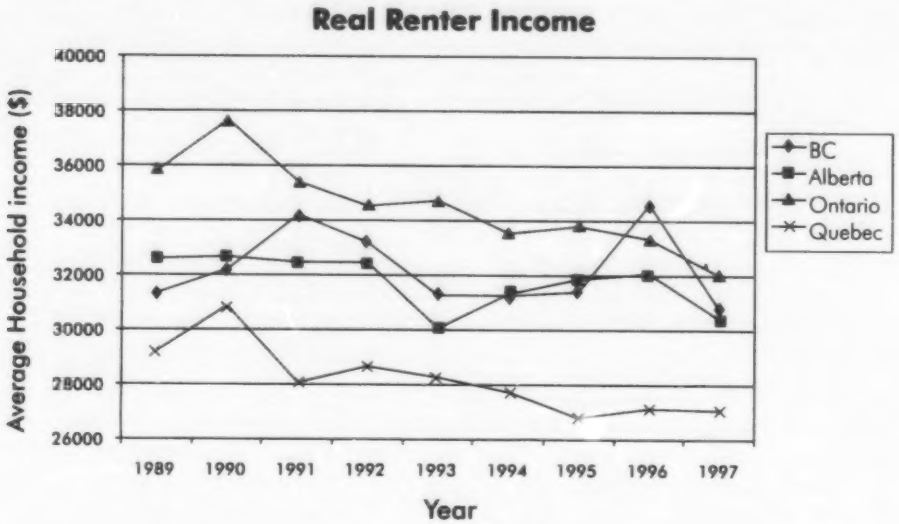
[92] The province changed its rent supplement program so that all shelter allowance programs are combined. Households previously receiving the shelter component of welfare (78,200) are now considered by the province as part of its rent supplement program administered by SHQ. This is not included in the figures for rent supplement because other provinces don't follow this practice.

[93] These were built during the late 1970s and early 1980s.

7.2.3 Inadequate Incomes

What is happening on the income side of the equation affects the ability of households to pay for decent housing, and consequently the pool of households 'at risk' of homelessness. Many observers note a decline in real renter incomes over time, and propose that the growing gap between the rich and the poor is a key factor explaining the growth in the number of households 'at risk' of homelessness. A multitude of market forces and government economic and other policies influence household income.

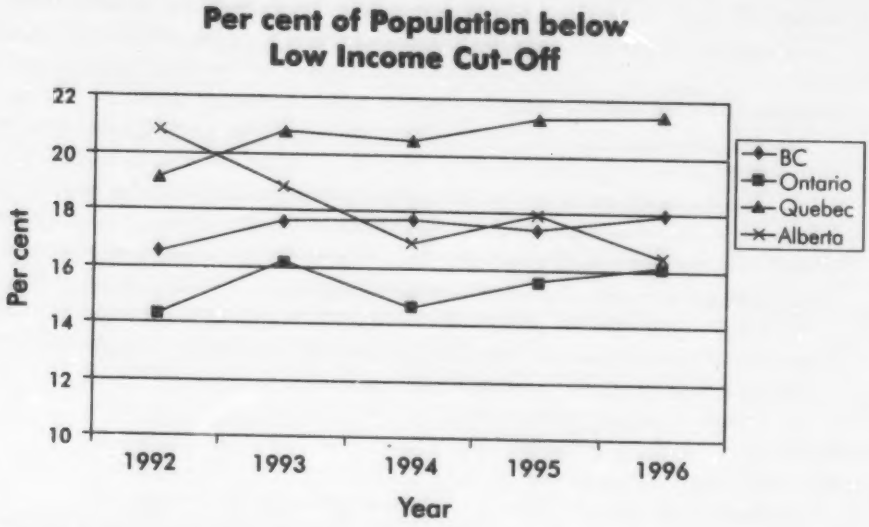
Figure 6



Source: Statistics Canada

Renter incomes (in current dollars) are the lowest in Quebec, and generally highest in Ontario and British Columbia, where rents are highest. Alberta renter incomes are also higher than the Canadian average. However, real incomes are more illustrative of the purchasing power of income. Figure 6 shows that real renter incomes were highest in Ontario in the early 1990s but have dropped dramatically, while Quebec renter incomes have always been low, and have also declined significantly. Renter incomes in British Columbia and Alberta show a downward trend as well, but not as large.

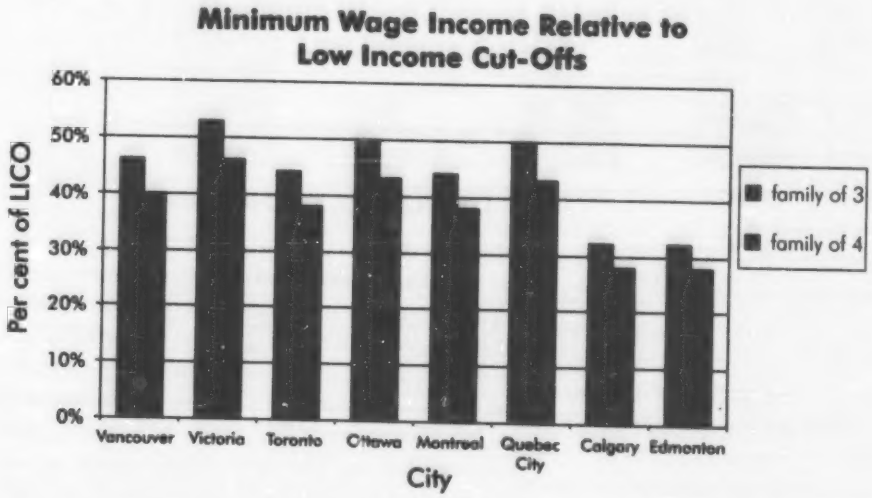
Figure 7



Source: Statistics Canada

Of the four provinces, the percentage of the population living in poverty (defined as the Statistics Canada Low Income Cut-Off or LICO) was highest in Quebec and lowest in Ontario between 1992 to 1996. Upward trends are evident in all provinces since 1992, except for Alberta. British Columbia maintained a relatively constant percentage between 16 and 18 per cent of the population, but as of 1996, was the second highest among the four provinces.

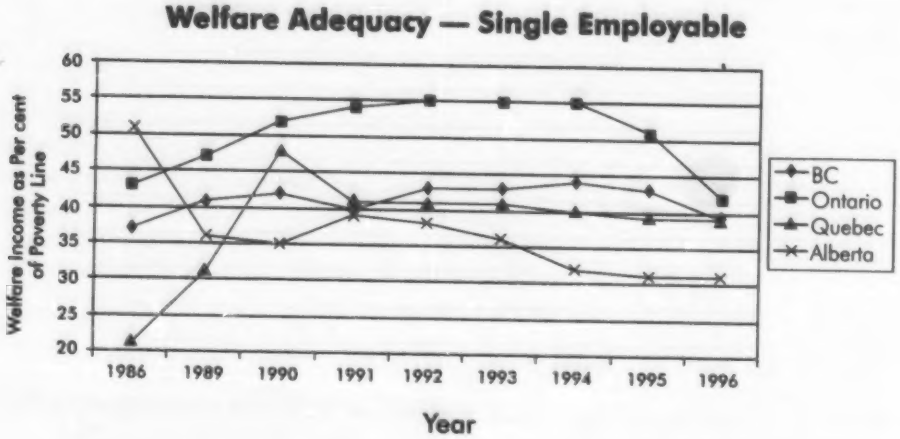
Figure 8



Source: National Council of Welfare. Fact Sheet on Poverty. 1998 and Statistics Canada

Those at the lower end of the income scale, that is minimum wage earners and income support recipients, earn between 30 per cent and 50 per cent of the income needed to maintain their households. In addition, individuals with health problems such as addictions and HIV/AIDS tend to be the poorest, as they are unable to work and must live on income support. Alberta minimum wage earners and income support recipients are by far the worst off of all provinces in relation to Statistics Canada Low Income Cut-Offs. Similarly, income support adequacy for single employables is highest in Ontario, although Ontario, British Columbia and Quebec are virtually the same in 1996 according to the National Council of Welfare. Income support adequacy for families is somewhat higher in all provinces. Households dependent on minimum wages or income support struggle to meet basic needs in all provinces, but Alberta minimum wage earners and income support recipients are the worst off.

Figure 9



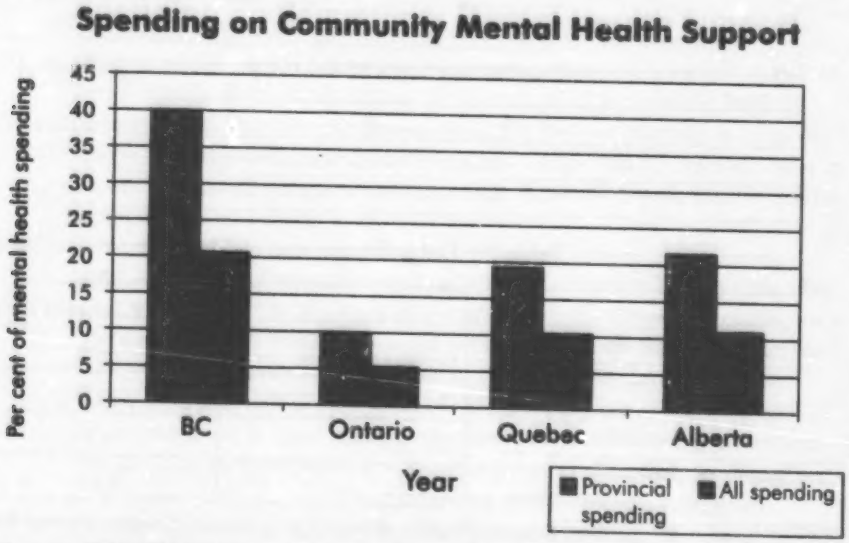
Source: National Council of Welfare

7.2.4 Lack of Support Services

Support services run the gamut from mental health services, health care, and child care to drug and alcohol treatment and child protection. Arguably, with social welfare reforms of the 1990s, the social safety net that has traditionally been a part of the Canadian landscape has been systematically reduced, more so in some provinces than others. All types and forms of support services have been affected at the federal, provincial and local government level, and correspondingly in the non-profit or community sector. The most critical support services from the point of view of preventing the fall into homelessness or exiting from homelessness are: mental health services; drug and alcohol treatment and prevention; and child protection.

Mental health reform, including deinstitutionalization, has taken place in varying degrees in all Canadian provinces. It is difficult to assess the impact of deinstitutionalization policies on homelessness among the provinces as there has been little comparative empirical evaluation of deinstitutionalization to date. A general observation has been that resources re-allocated from psychiatric hospitals have not resulted in adequate community mental health support services. What is also evident is that people with serious mental illnesses, either now deinstitutionalized or not ever institutionalized, are now more visible. A snapshot review of provincial mental health reform policies undertaken in 1991 for the Canadian Mental Health Association (CMHA) included a mental health spending analysis.[94] Although now somewhat dated and limited due to non-standardized reporting among the provinces, this analysis compared institutional mental health spending with non-institutional and community support spending, and indicates the degree to which deinstitutionalization and community reinvestment policies have managed to re-orient resources to the community. Of the four provinces, British Columbia was spending the largest proportion of its mental health budget on community based mental health support services. In addition, British Columbia and Quebec are involved in producing or allocating supportive housing for persons with mental illness.

Figure 10



Source: Eric McNaughton, Canadian Mental Health Association, 1991

A review of the degree of substance misuse and social costs among the provinces shows that British Columbia has the highest rate of injection drug use in Canada. According to 1992 data from the Canadian Centre on Substance Abuse,[95] British Columbia has the highest death rate due to illicit

[94] Macnaughton, Eric. *Towards Rebalancing Canada's Mental Health System*. Canadian Mental Health Association, 1991.
[95] Canadian Centre on Substance Abuse, *The Costs of Substance Abuse in Canada*, 1996

drugs at 4.7 per 100,000 compared to 2.0 in Ontario, 3.1 in Alberta, and 2.8 in Quebec. British Columbia also had the highest per capita social cost[96] for illicit drugs — estimated at $60 per capita in 1992, as shown in Table 27. In addition, British Columbia has accounted for more than half of all hepatitis C cases reported in Canada, and the rate is currently more than four times the national average. This is due to both a higher rate of injection drug use and more complete reporting in British Columbia than in other provinces. Hepatitis B is another infectious disease that is increasing, in part due to needle sharing associated with injection drug use. British Columbia's rate for hepatitis B was almost three times the national average.

Table 27: The social costs of substance misuse in Canadian provinces, 1992

	British Columbia	Ontario	Alberta	Quebec
Alcohol total costs	**$933,863**	**$2,861,926**	**$749,330**	**$1,728,517**
Total as per cent GDP	1.09	1.02	1.02	1.11
Total per capita	$272	$270	$285	$243
Illicit drugs total costs	**$207,534**	**$507,629**	**$135,258**	**$334,299**
Total as per cent GDP	.24	.18	.18	.21
Total per capita	$60	$48	$51	$47

Source: The Costs of Substance Abuse in Canada, 1996

It is estimated that the total cost of specialized treatment for substance misuse in Canada was more than $290 million in 1992.[97] Table 28 outlines the results of the survey for each of the four provinces.

Table 28: Detoxification and residential treatment services beds across Canada

Province	Total Treatment Beds	Beds per Capita
British Columbia	919	.000237
Ontario	1,610	.000145
Alberta	455	.000164
Quebec	2,058	.000283

Source: Profile of Substance Abuse Treatment and Rehabilitation in Canada

Table 28 shows that British Columbia and Quebec have the highest number of residential treatment beds per capita, followed by Alberta. This comparison should be viewed with caution for two reasons. First, residential treatment is only one aspect of substance misuse treatment. Second, a per capita measure doesn't reflect the fact that the provinces may have differing substance misuse problems per capita.

[96] This analysis estimated social costs, as opposed to costs to government.

[97] Single et al., 1996 as quoted in *Profile Substance Abuse Treatment and Rehabilitation in Canada*, 1999.

7.3 Conclusions

Despite the difficulties connected with isolating and/or attributing cause and effect to a complex social phenomenon like homelessness, the evidence assembled in the foregoing analysis allows us to make some preliminary observations about why there are regional variations in the extent of homelessness. According to the model, two sets of factors determine the magnitude of the homeless situation in each region:

1) general conditions and trends (economic, government policy and societal trends); and

2) conditions affecting low-income households (housing availability, adequacy of income and availability of support).

It is differences in these explanatory variables that account for variations in the number of people who are homeless. At any point in time in each province, a different combination of housing, income and social support conditions and policies prevail. While further research on this important question will produce a deeper understanding of the issue, this exploratory study allows us to draw some preliminary conclusions about the differences in homelessness in Canada's four largest provinces.

The foregoing analysis suggests that while all four provinces are experiencing homelessness and have growing numbers of people at risk of homelessness, different dynamics are at work in each province. British Columbia and Ontario are affected primarily (but not only) by an ongoing shortage of affordable rental housing stock. Long-term low vacancy rates in major cities in both provinces attest to this. However, the similarities in the two provinces end there.

There are two fundamental reasons why homelessness in British Columbia is not worse than it is and is not growing as dramatically as in Ontario, for example. First, the British Columbia economy has experienced moderate economic growth for the past 10 years or so, avoiding the negative consequences of high growth and recessions for people at the lower end of the income scale. Second, a comprehensive provincial housing policy, with a focus on permanent housing supply programs, particularly for homeless people and those 'at risk' of homelessness, rent subsidies, actions to preserve the existing SRO stock, and supportive housing for mental health clients, has helped mitigate the effects of low vacancy rates and prevent more households from becoming at risk or homeless. This is despite the fact that British Columbia (and Quebec) have had larger 'at risk' tenant populations, relatively speaking, for longer than Ontario and Alberta.

The growth of the 'at risk' and homeless population in Ontario can be explained by several factors. In contrast to British Columbia and Quebec, no new affordable housing units are being built in Ontario to alleviate a long-term shortage of rental units. Changes to its system of rental protection have also effectively reduced the supply of affordable rental

housing. Furthermore, Ontario experienced a severe recession prior to the recent boom, during which many high wage manufacturing jobs were lost. These were not reinstated with the economic upturn. Real incomes, though high relative to the rest of the country, declined dramatically. This increased the number of Ontarians with reduced incomes, who are either forced to accept low-wage service employment, or depend on employment insurance (now reduced) or income support benefits (also now reduced).

In Quebec, with its large stock of vacant rental housing but low incomes, a large pool of 'at risk' households has existed for some time. There, homelessness is primarily driven by inadequate incomes. Indeed, the long-term trend to low incomes and high incidence of poverty would suggest that homelessness should be both more severe and growing in Quebec. However, like British Columbia, Quebec has unilaterally maintained housing supply programs, which has been a mitigating force. Furthermore, recognizing the income side of the equation, Quebec has focused on rent supplements in a rather significant way while maintaining higher income support benefits than in the other three provinces.

In Alberta, a resource economy characterized by frequent 'booms' and 'busts,' and low incomes have been major determinants in the large increase in homelessness in its two major cities. The recent boom has placed pressure on the existing rental housing stock as vacancy rates are currently the lowest in the country. However, during periods of economic downturn, Calgary and Edmonton have an excess supply of rental units as indicated by high vacancy rates.

8 Summary and Policy Issues Facing British Columbia

8.1 Summary

In British Columbia, while there are indications that homelessness is on the rise, it is not occurring to the same extent as in other Canadian jurisdictions. This is due to a combination of economic factors and preventive government policies, particularly housing policy. The broad provincial government policy of building new permanent affordable housing is a sound one. This review has shown that, in combination with certain economic conditions, provinces that have followed the approach used in British Columbia (and Quebec) are better off than those that have not (Ontario, Alberta).

This report has identified several specific provincial government policies and programs that have helped to minimize the growth of homelessness in British Columbia. These are highlighted below:

- increasing the supply of new affordable housing through HOMES BC;
- targeting homeless and people at risk of homelessness in new housing programs;
- preserving existing housing, particularly SROs, through purchasing and rehabilitating them;
- enacting enabling legislation to permit the City of Vancouver to protect existing affordable rental housing from demolition and conversion;[98]
- implementing a system of supportive housing for persons with a mental illness;
- providing security deposits through BC Benefits;
- maintaining benefit levels for families and persons with disabilities who meet BC Benefits eligibility requirements; and
- targeting programs and resources for youth age 16 to 18 years, for example, the youth housing strategy and youth agreements.

[98] As of June 2000, the City has not enacted such a bylaw.

8.2 Policy Issues

In addition to the positive measures in British Columbia that are helping to address homelessness, this study revealed a number of outstanding issues that need to be addressed. In general, while many provincial government policies and program are in place to create a comprehensive homelessness prevention strategy, it is the scale or magnitude of the response which could be greater. More housing units of all kinds are needed. British Columbia also remains challenged to provide adequate and affordable housing, and support services for those individuals who need the most support to obtain and maintain a home. This includes individuals with a mental illness or a combination of serious health and other concerns, and particularly those with addictions. Addressing these issues would strengthen the provincial government's response to homelessness.

Specific comments are outlined below organized according to the framework presented earlier.

General Conditions and Trends

- A stronger economy may result in increased in-migration. The subsequent increased demand for affordable rental housing may result in lower vacancy rates and higher rents. This may lead to higher levels of homelessness, as low-income tenants may be unable to find affordable rental housing.
- Reduced transfer payments to the province as a result of the Canada Health and Social Transfer (CHST) reduces the provincial government's ability to provide BC Benefits in the event of an economic downturn.

Conditions Affecting Low-Income Households

Lack of Affordable Housing

- An insufficient supply of affordable housing is the key factor contributing to homelessness in British Columbia. While existing housing policies and programs are exemplary compared to some other provinces, the supply remains insufficient.
- The existing stock of affordable housing is a valuable resource. However, this stock, particularly SROs, continues to be vulnerable to demolition and conversion despite some positive provincial and local government actions to preserve it.
- BC Housing's waiting list for social housing consists of approximately 10,500 individuals, an increase of 50 per cent since the federal withdrawal from new housing supply. (This does not include those on non-profit and co-op housing waiting lists.) HOMES BC unit allocations, while a step in the right direction, are insufficient to fill the gap left by the federal government. New stock continues to be essential, particularly with a focus on those who are

homeless and at risk of homelessness. Rent subsidies do not address the issue of supply.

- The supply of supportive housing is not adequate. For example, the Greater Vancouver Mental Services Society maintains a waiting list of 2,600 individuals who are mentally ill who must wait an average of four years for supportive housing.

Inadequate Incomes

- Fewer shelter clients in the Lower Mainland cite BC Benefits as their major source of income in 1999 compared to 1991. The shelter snapshot found that the proportion of youth (ages 16 to 24) with no reported source of income is higher than for the total shelter population.
- The shelter component of BC Benefit is inadequate compared to average market rents, particularly in major British Columbia centres. Single persons in receipt of BC Benefits find that rent is 167 per cent of the shelter component, while a single parent with two children would have to pay 122 per cent of the shelter component to rent.
- Ministry-funded beds are intended for BC Benefits program participants, who have first priority.

Lack of Support Services

- The number of shelter clients with a mental illness and/or addictions is growing as evidenced by increasing turnaways at two Vancouver area shelters that serve high risk populations such as individuals with mental illness and addictions. There has been an 88 per cent increase in specialized shelter capacity for people with a mental illness in British Columbia since 1987.
- Individuals experiencing a mental health crisis and requiring hospitalization may spend more time in hospital than necessary if they are unable to find suitable housing. This tends to 'block' expensive hospital beds.
- Homeless individuals with multiple needs that cross ministry boundaries are not well served, specifically people with a forensic history, HIV, physical disabilities, or from certain cultural groups.
- Substance misuse is the most common health condition facing British Columbia shelter clients (32 per cent) and it is cited as the immediate reason for admission to a shelter by a significant percentage of clients. Province-wide, 10 per cent of shelter clients suffer from both mental illness and substance misuse. An even higher proportion of Lookout and Triage clients is affected by substance misuse. From 47 per cent in 1992–1993, the figure has risen to 70 per cent in 1998–1999.

- Substance misuse, particularly illicit drug use, is the largest unaddressed issue in the context of British Columbia homelessness. Despite the significant number of shelter clients with substance misuse issues, there is no corresponding policy to provide support services for addicted individuals either in the emergency shelter system or in a supportive housing setting.
- There is a connection between a lack of housing and substance misuse. Without treatment facilities, even people who are housed cannot recover, and without decent affordable housing in a secure environment individuals with additions end up in emergency shelters or SRO rooms, not suitable environments for promoting recovery.
- Youth age 16 to 18 years present a challenge to the child welfare system, in that they often do not wish to be "in care," yet are not considered adults for the purposes of receiving services. There are few resources for youth age 16 to 18 years, and there are issues regarding eligibility for BC Benefits and thus housing and emergency shelters. However, several initiatives are underway to address these issues.

Households at Risk of Homelessness

- There were over 115,000 renter households considered to be at risk of homelessness in British Columbia in 1996 because they paid 50 per cent or more of their income for rent. Almost one quarter of British Columbia's renter households was in this situation, one of the highest proportions of those provinces studied. The proportion at risk increased by 6 per cent since 1991.
- Nelson, Nanaimo and Kamloops had the largest proportion of their tenant households paying 50 per cent or more of their income for rent in 1996.
- Nelson and Kamloops experienced the most rapid growth in the proportion of renter households paying 50 per cent of their income or more for rent between 1991 and 1996.
- Some of these households live in the 13,000 to 14,000 SRO units around the province. They are considered to be at risk of homelessness due to inadequate living conditions and lack of security of tenure.
- The average age of Vancouver SRO residents is lower. In 1999, the largest percentage (38 per cent) of residents was between the ages of 15 and 35 years. This is a significant increase compared to 1991 when the proportion in that age group was 29 per cent.

Emergency Shelter Issues

- Emergency shelters are serving more individuals with high health and other needs due to substance misuse, medical conditions, mental illness and dual diagnosis. Most shelters are not equipped to do so. As housing of last resort, they are accommodating the most challenging individuals with limited resources.
- There is a lack of shelter facilities for certain sub-groups, notably women, youth and Aboriginal people.
- There is growth in the number of distinct individuals using shelters that serve high-risk populations and youth in Vancouver, and a growing number of 'turnaways' at these shelters.
- Aboriginal people are over-represented among the shelter clients profiled in the snapshot although there are few Aboriginal-run facilities among those studied.
- Longitudinal data measuring the number of unique individuals staying in British Columbia shelters is needed to understand trends in homelessness over time. We know little about these trends.
- While the snapshot filled one information gap, there remains a lack of information about homeless people who do not use shelters, either because shelter space is not available or is inappropriate, specifically women, youth, Aboriginal people and those who 'sleep rough.'

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Appendix A — Snapshot Forms

British Columbia Homeless Snapshot
November 19th, 1999

Shelter name: _____

Shelter provider: _____

City/town: _____

Total capacity/beds: _____

Please fill out the attached form(s), one row for every client. Each member of a family must be recorded separately, but try to indicate that they are part of one family. We are aware of the difficulties associated with determining major reason for admission. If you are unsure of the response for reason for admission or health conditions, you might consider whether the individual is 'demonstrating behaviour consistent with' or 'showing signs of' a certain condition.

Turnaways

Turnaways are people you were unable to serve tonight because you were full, or you were unable to offer them a bed due to other circumstances.

Total number of turnaways Nov 19th:_____

Reason for turnaway (please indicate how many turned away for each reason):

Shelter full: _____# Inappropriate for your shelter_____

Were there any unusual events or circumstances that may have affected the snapshot tonight (snowstorm, fire, etc)?

_____
_____
_____
_____

If you have questions or need assistance to complete the forms, call Margaret Eberle: 1(604) 254-0820

Please fax completed forms to:
M. Eberle at 1(604) 254-0822

Or mail in self-addressed stamped envelope provided

Thank you!

Shelter Users Snapshot
November 19th, 1999

Shelter name: _____

Total number of clients Nov. 19th _____

Client group served: _____

		Family type				Ethnicity				Immediate reason for admission	Health conditions (suspected)					Major source of income (pick one)						When last permanent address:		
Client	Gender	Age or year of birth	Single	Couple	Family with children	Caucasian	Aboriginal	Asian	Other	*See options below, insert letter or other reasons.*	Physical disability	Medical condition	Mental illness	Substance abuse	Other	Welfare	Disability Benefit	Pension	Employment	No source of income	Other	Less than 6 mos ago	6 mos to 1 yr ago	Over 1 year ago
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								

Immediate reason for admission *(one per client, if unsure, base on suspected or demonstrating behaviour)*

evicted
just moved/visiting
parental abuse
out of funds
family breakdown
refugee
spousal abuse
stranded
from corrections/jail
from hospital/treatment
substance abuse
fire/unsafe premises
other (pls specify)

Appendix B

Table B1: British Columbia Shelter User Snapshot — *Results by Sub-group*

	Lower Mainland N=363	Other Urban Centres N=251	Aboriginal N=114	Youth (16 to 24 yrs) N=89	Women M=131
Gender	**per cent**	**per cent**	**per cent**	**per cent**	**per cent**
Male	81	74	58	74	
Female	19	25	41	26	
No answer	0	1	1	0	
Total	100	100	100	100	
Age					
Under 19	8	10	18		18
19-24	14	7	15		10
25-34	23	24	24		30
35-44	28	30	25		22
45-54	18	14	7		12
55-64	6	6	4		5
65+	4	8	5		3
Total	100	100	100		100
Family status					
Single	90	81	73	85	73
Couple	4	3	10	7	8
Family with children	6	9	17	4	18
No answer	1	7	1	3	1
Total	100	100	100	100	100
Ethnicity					
Caucasian	70	61		63	52
Aboriginal	13	26		22	36
Asian	5	1		4	2
Other	7	3		8	7
No Answer	4	9		2	3
Total	100	100		100	100

	Lower Mainland N=363	Other Urban Centres N=251	Aboriginal N=114	Youth (16 to 24 yrs) N=89	Women M=131
Reason For Admission	**per cent**	**per cent**	**per cent**	**per cent**	**per cent**
Out of Funds	31	14	19	19	4
Substance Misuse	9	22	20	13	21
Evicted	17	4	5	13	11
Just Moved/Visiting	10	13	14	9	12
Family Breakdown	9	11	10	13	14
From Hospital	5	2	1	3	3
Stranded	2	4	2	6	1
From a Correctional Facility	2	2	1	1	1
Spousal Abuse	2	3	5	2	10
Fire/Safety	2	0	2	7	1
Refugee	1	0	0	0	2
Parental Abuse	0	0	0	0	1
Other	6	7	13	10	18
No answer	3	18	8	2	3
Total	100	100	100	100	100
Major Source of Income					
Welfare	53	50	49	45	47
None	24	14	18	36	15
Disability Benefit	7	4	3	2	6
Employment	4	4	2	3	2
Pension	4	2	3	0	6
Other	1	5	4	3	6
Welfare and other	1	2	2	0	2
Not known/No answer	7	20	20	10	17
Total	100	100	100	100	100

	Lower Mainland N=363	Other Urban Centres N=251	Aboriginal N=114	Youth (16 to 24 yrs) N=89	Women M=131
Last Permanent Address	**per cent**	**per cent**	**per cent**	**per cent**	**per cent**
< 6 Months	72	60	67	82	79
6 to 12 Months	14	15	10	9	11
> 1 Year	10	10	11	6	2
No answer	3	16	13	3	8
Total	100	100	100	100	100
Health Condition (more than 1 ok)					
Physical disability	11	7	11	9	8
Mental illness	21	22	10	17	31
Medical condition	19	14	18	19	26
Substance misuse	33	32	43	36	37
Substance misuse and mental illness	9	3	5	8	13
None	42	50	44	43	34
Total	100	100	100	100	100

Table B2: Vancouver shelter characteristics 1991

Vancouver 1991	
Median age	32 years
	Per cent
Sex	
Male	71
Female	29
Family status	
Single	85
Couple	7
Family with children	8
Prior shelter use (n=118)	
None	31
Once before	13
Twice before	13
Three to five times	18
Six to 10	15
12 and more	11
Length of stay (n=117)	
1 day	15
2-7 days	47
8-14 days	27
15-30 days	8
31-90 days	3
Reasons for shelter use (n=124)	
Living on streets	20
Evicted from apt/hotel	16
No money	15
Loss of job	14
Family conflict	11
Drinking problem	8
Moving	7
No where else to stay	6
Drug problem	6
Robbed	5
Unable to work	5
Source of Income (n=123)	
Welfare	82
Employment	4
No income	6
Other (UI/family/pensions/savings)	15

Source: Sonia Acorn (1993) Journal of Community Health, "Emergency Shelters in Vancouver, Canada." Vol 18. No 5. Pp. 283–291